DOCUMENT RESUME

ED 332 988 SP 033 111

TITLE Guide to Implementing TAP. Teens for AIDS Prevention Project.
INSTITUTION Center for Population Options, Washington, DC.
PUB DATE 90
NOTE 151p.
AVAILABLE FROM Center for Population Options, 1025 Vermont Avenue, N.W., Washington, DC 20005 ($25.00 for guide, $4.00 for accompanying audio tape).
PUB TYPE Guides - Classroom Use - Teaching Guides (For Teacher) (052) -- Guides - Non-Classroom Use (055)

EDRS PRICE MF01/PC07 Plus Postage.
DESCRIPTORS *Acquired Immune Deficiency Syndrome; *Adolescents; *Group Activities; *Peer Groups; *Peer Influence; *Program Development; School Community Relationship; Secondary Education; Secondary School Students; Social Values
IDENTIFIERS Community Based Education; Peer Facilitators; *Teens for AIDS Prevention Project

ABSTRACT

Teens for AIDS Prevention (TAP) is a model peer intervention program designed by the Center for Population Options to increase knowledge and change attitudes and behaviors among youth to reduce their risk of Human Immunodeficiency Virus (HIV) infection. The program utilizes peer pressure in a positive sense: to encourage youth to protect themselves from HIV infection by modifying attitudes and mores within a school or youth agency setting. This manual is a step-by-step guide to implementing a successful TAP program in a school or community based organization. The chapter titles outline the steps as follows: (1) the "Introduction" presents an overview of the need for HIV and AIDS education and the effectiveness of peer education; (2) "Building Support" highlights the importance of laying the groundwork for the program in a school or community; (3) "Getting Started" focuses on program planning, budgets, funding, coordinator responsibilities, and recruitment of participants; (4) "Training" outlines, session by session, 20 hours of HIV prevention and AIDS education and skill-building exercises for the TAP group; (5) "Activities" describes some educational efforts that TAP members can design and implement; (6) "Taking the Message to the Media" provides basic guidelines on how to interact with the media; and (7) "Resources" presents a listing of educational materials--videos, curricula, pamphlets, and books for additional information. (LL)

****
* Reproductions supplied by EDRS are the best that can be made *
* from the original document. *
****

SP

Guide to Implementing TAP

Teens for AIDS Prevention Project

ED332988

Center for Population Options
1025 Vermont Avenue, NW
Suite 210
Washington, DC 20005
(202) 347-5700

SP 033 111

U.S. DEPARTMENT OF EDUCATION
Office of Educational Research and Improvement
EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

☐ This document has been reproduced as received from the person or organization originating it.

☐ Minor changes have been made to improve reproduction quality.

• Points of view or opinions stated in this document do not necessarily represent official OERI position or policy.

"PERMISSION TO REPRODUCE THIS MATERIAL HAS BEEN GRANTED BY

D. Sullivan

TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)."

BEST COPY AVAILABLE

August, 1990

Dear Educator:

My name is Renata Razza and I have been involved with Teens for AIDS Prevention (TAP) for over two years. Over the course of the last two years, I have learned much from TAP. I admit I was not totally oblivious to AIDS. Nonetheless, I feel entirely comfortable in saying that most of what I know about AIDS I learned through TAP.

This peer education program provides youth such as myself with much more than just a working knowledge of AIDS. It provides us with a fabulous opportunity to reach out to others and share information. Programs like TAP also give young people an opportunity to combat homophobia (especially as related to the "AIDS is a 'gay' disease" myth) and to practice resisting negative peer pressure in delicate, but not uncommon, situations. The latter is achieved through the use of role-playing.

An equally important benefit to the peer educator is the education provided by the peer educated. People in general tend to pay more attention to others with whom they feel they can relate. Thus, peer education seems to be the natural and obvious way to get through to kids. (Perhaps, if you will pardon the expression, the way to get to a kid's head is through her peers.) Because I believe students listen to each other, especially if they are friends, I feel peer education is the best way to educate youth.

Sincerely,

Renata Razza

Renata J. Razza
Student, Wilson Senior High School
Washington, DC

Acknowledgments

This manual was developed and written by Patricia Dietz, Director of Peer Programs, with assistance from Geri Peak, Program Associate, and Nancy Stella, Director of Communications. Special thanks are given to CPO colleagues Edythe Ledbetter, Rebecca Stone, Judith Senderowitz, Cindy Waszak, Wanda Wigfall-Williams, Jennifer Hincks and Gretchen Wooden for their advice and support and to Debra Haffner who conceptualized the TAP program.

The Teens for AIDS Prevention (TAP) program, developed in 1988 and pilot-tested between 1988 and 1990 at six sites, could not have been implemented without the interest in and commitment to youth and HIV prevention of many dedicated professionals. CPO would like to acknowledge and give special thanks to:

Eileen Covington, Wilson Senior High School, Washington, DC

Jennifer Chase, Latin American Youth Center, Washington, DC

Michael Durso, Wilson Senior High School, Washington, DC

Vinna Freeman, D.C. Public Schools, Washington, DC

Lori Kaplan, Latin American Youth Center, Washington, DC

Ocie Irons, Harper Senior High School, Atlanta, GA

Brenda Lee, Kankakee School District 111, Kankakee, IL

Frank Love, Jr., Kankakee School District 111, Kankakee, IL

Cecilia Lyles, Outreach, Inc., Atlanta, GA

Sandra McDonald, Outreach, Inc., Atlanta, GA

Gloria Odoms, Ballou Senior High School, Washington, DC

Bob Pine, Sexual Minority Youth Assistance League, Washington, DC

Scott Royal, Sexual Minority Youth Assistance League, Washington, DC

Jackie Sadler, D.C. Public Schools, Washington, DC

Wendy Truitt, Outreach, Inc., Atlanta, GA

Very special thanks to the TAP youth members at:

Ballou Senior High School, Washington, DC

Harper Senior High School, Atlanta, GA

Kankakee School District III, Kankakee, IL

Latin American Youth Center, Washington, DC

Sexual Minority Youth Assistance League, Washington, DC

Wilson Senior High School, Washington, DC

Special thanks are also given to three agencies which implemented the TAP program in the fall of 1989:

YWCA of Atlanta, Atlanta, GA

YWCA of Hartford, Hartford, CT

YWCA of Greater Milwaukee, Milwaukee, WI

TAP was developed and tested with the generous support of the following foundations and corporations:

AETNA Life and Casualty Foundation

April Trust

The AT&T Foundation

Freed Foundation

Glen Eagles Foundation

Metropolitan Washington Community AIDS Partnership

Public Welfare Foundation

Table of Contents

Page

Acknowledgments 2

How to Use the Guide 6

I. Introduction 7

II. Building Support for TAP Program 12

III. Getting Started 20

IV. Training the Youth 46

V. Development of Activities 100

VI. Evaluation 120

VII. Taking the Message to the Media 132

VIII. Resources 142

How to use the TAP Implementation Guide

This manual is a step-by-step guide to implementing a Teens for AIDS (TAP) program in a school or community-based organization. It is intended as an adaptable resource for the many different settings in which a TAP program can be developed. Although each school or youth-serving agency may differ in structure, this manual identifies and covers the key components essential in creating a successful TAP program. Some programs may be planned by a single program coordinator, while others may involve the collaboration of several staff members. In general, the following sections are designed to accommodate these variations and to guide the staff of any school or agency from start to finish in implementing a TAP program. These steps are outlined through the chapter titles.

- The ***Introduction*** presents an overview of the need for HIV and AIDS education and the effectiveness of peer education as a means of obtaining that objective.

- ***Building Support*** highlights the importance of laying the groundwork in a school or a community by presenting the TAP program to the board of directors, the PTA, agency staff or other influential groups. To help the TAP supporter become an advocate for the program, the chapter outlines ten reasons to implement TAP and presents arguments to counter possible opposition to the program.

- ***Getting Started*** focuses on program planning, budgets, and funding. It includes both a job description and tips for the program coordinator and explains how to recruit youth participants.

- ***Training*** outlines, session by session, 20 hours of HIV prevention and AIDS education information and skill-building exercises for the TAP group.

- ***Activities*** describes some educational efforts that TAP members can design and implement and suggests approaches to supporting their efforts.

- ***Taking the Message to the Media*** provides basic guidelines on how to interact with the media.

- ***Resources*** presents a listing of educational materials — videos, curricula, pamphlets, and books for additional information.

I. Introduction

A. HIV and AIDS: The Need for Education and Prevention

Acquired Immunodeficiency Syndrome (AIDS) is now widespread in the United States, and all sectors of society are affected. As of June 30, 1990, 139,765 cases of AIDS had been reported to the Centers for Disease Control, and 85,430 Americans had died of the disease.

While adolescents currently account for less than one percent of reported AIDS cases, public health professionals believe that teenagers are at high risk for contracting the human immunodeficiency virus (HIV), which causes AIDS, because of their experimentation with drugs and sexual activity. In fact, from June 1989 to June 1990, AIDS cases among adolescents rose by more than 50 percent. Furthermore, because of the long incubation period of the virus, many of the people in their twenties who have been diagnosed with AIDS — approximately 20 percent of all AIDS cases—probably became infected with HIV when they were teenagers.

HIV infection is symptomless, and therefore, its presence is an unrecognized threat to anyone of any age. Because the incubation period can be as long as ten years, HIV's invisability is a particularly deadly threat for adolescents. Adolescents characteristically hold a world view that focuses principally on themselves and their peer group. When they look around them, adolescents do not see any outward signs of the HIV threat among their peers, even those who may have contracted the virus. Nor, for the most part, do they see their peers sick because of AIDS. Consequently, the threat of HIV infection seems to be an abstraction that is easy for teenagers to ignore or dismiss.

Many of the behaviors that teenagers engage in can put them in the direct path of HIV infection. Over the last decade research has documented that teenagers are:

- having sexual intercourse without using condoms;
- becoming infected with sexually transmitted diseases at a rate higher than those in older age groups;
- using injection drugs, a direct HIV risk factor, as well as other drugs and alcohol that inhibit judgment and are associated with high-risk activities such as unprotected intercourse.

Developmentally, teenagers are at risk for engaging in behaviors that may bring harm to themselves. The three most common causes of death among adolescents — accidents, suicide, and homicide — demonstrate the challenge many adolescents face in negotiating the transition from childhood to adulthood. Because there is often such a long latency period between HIV infection and resulting symptoms, AIDS will most likely never become the leading cause of death among teens. Yet, in New York City, AIDS is already a leading cause of death among women ages 25 to 34, and the fourth leading cause of death for women ages 15 to 24.

In several geographic areas, HIV infection among youth is dramatically higher than the national average. One in fifty military recruits in New York City, and one in one hundred in Washington, DC, tested positively for HIV. These rates are, respectively, 20 times and 10 times higher than the national seropositivity rate of one in one thousand.

However, this pattern of regional differences is changing. Public health experts anticipate that by the mid 1990's the incidence of HIV will be evenly distributed across the United States.

There is as yet no cure for AIDS, and because HIV infection almost invariably leads to AIDS, education and prevention are critically important. Because of both the nature of the message that must be communicated and the nature of adolescence, one approach that shows particular promise is peer education.

B. The Rationale for Peer Education

Peer programs can be a very powerful approach to educating youth and changing attitudes. Studies indicate that teenagers receive most of their information about sex from other teenagers[1], and that peer influence becomes increasingly important as adolescence progresses.[2] Peers are important to an adolescent's transition to adulthood because the peer group often provides a substitute for family. It is a stabilizing influence and a source of behavioral standards that offers the safety and insulation of group membership.

For adolescents, it is the peer group that is the primary reference for influencing values and behaviors. In focus groups conducted by the Center for Population Options, inner-city youth said they would be more likely to listen to and believe what an HIV-infected person their age said about the disease, rather than what an older person or a famous person said. An unpublished survey on condom use among adolescents found that teens' perceptions of other teens' condom use was the best indicator for determining their own condom use.[3]

Peer programs have been implemented and evaluated in a variety of settings. One evaluation of a family–planning clinic's program that used peer counselors to prevent unwanted teenage pregnancy found that peers were more effective than adults in delivering educational and counseling services. Between the initial and return visits, contraceptive use increased 40 percent among teen clients served by peer counselors; among those served by adult professionals, the increase was only ten percent.[4] Furthermore, teens who sought out peer counselors were often younger and had lower levels of education. These findings are supported by another study in which peer counselors were more effective than nurses in improving sexually–active adolescents use of oral contraceptives.[5]

Similarities in age and interests between the counselor and the counseled can increase the persuasiveness of the message. Perceived empathy and similar life experiences appear to be critically important in determining the success of strategies to change attitudes and behaviors. Thus, peer educators come to the process with an automatic advantage over their professional counterparts.

The rationale for peer education as an approach to HIV prevention and AIDS education has been stated succinctly by members of CPO's TAP programs:

- "Because you get to relate to teens on your own level."
- "Because you get to solve problems that affect you."
- "Because you get to make friends."
- "Because you explore new frontiers."
- "You can understand teenagers, the way they think and act."
- "To let people in power know the youth point of view."
- "To have fun."
- "To bring essential information to other youth."

C. The Teens for AIDS Prevention (TAP) Program: Peer Education to Prevent HIV Infection and AIDS

Teens for AIDS Prevention (TAP) is a model peer intervention program designed by the Center for Population Options (CPO) to increase knowledge and change attitudes and behaviors among youth to reduce their risk of HIV infection. The program utilizes peer pressure in a positive sense: to encourage youth to protect themselves from HIV infection by modifying attitudes and mores within a school or youth agency setting through peer education.

The TAP program offers 20 hours of training to a core group of 10 to 15 youth who, in turn, design educational activities for their peers. Creation and demonstration of TAP was begun in February 1988, and in collaboration with schools and youth agencies, the program was tested extensively at six sites including both school and agency settings. Initial TAP sites included four high schools: two located in Washington, DC; the others in Kankakee, Illinois, and Atlanta, Georgia; and two youth-serving agencies: the Latin American Youth Center and the Sexual Minority Youth Assistance League, both located in Washington, DC.

The overall goal of the Teens for AIDS Prevention program is to effect changes in teen norms related to sex and drugs as well as other attitudes and behaviors relevant to HIV infection and AIDS. TAP members receive extensive HIV and AIDS training that imparts information and develops skills that enable youths to protect themselves from HIV infection and to design and carry out their own HIV and AIDS education campaign for their peers. The campaign activities—designed by the TAP members—work to achieve four education and prevention goals:

- to encourage teens who are not yet sexually active to delay intercourse;
- to urge teens who are sexually active to use condoms every time they have any kind of intercourse;
- to promote abstinence from injection drugs, as well as noninjection drugs and alcohol which are co-factors in HIV transmission; and,
- to promote understanding and compassion for people living with AIDS.

As a foundation for the TAP design, the Center for Population Options conducted focus–group research among inner-city youth to examine their knowledge and attitudes about HIV and AIDS. Among the key findings that emerged from CPO's research were:

- Youth who participated in the focus discussions were generally well–informed about AIDS and how HIV is transmitted.
- The teenagers did not feel, however, that they were at risk of being exposed to HIV and consequently did not change their behavior to avoid infection.
- The teens knew how to prevent infection but they did not fully accept any prevention methods. For example, total abstinence was universally rejected. Monogamy in a relationship was not viewed favorably as a prevention option, especially among the males.

- Condoms were familiar to participants, and were recognized as an acceptable means of protection, but condoms also received some negative reactions. For instance, the view was expressed that someone who uses condoms is believed to have a disease. This makes it very difficult to suggest the use of condoms in a relationship.
- Overall, participants wanted to learn more about AIDS and felt that the most effective educators would be their peers and young people living with AIDS.

The behaviors that place a teen at risk for HIV infection are often associated with peer pressure. Peer pressure to have sexual intercourse or to use drugs exists for the majority of adolescents. The TAP program works because it utilizes the power of peer pressure as a positive force to create an atmosphere where efforts to prevent HIV infection are accepted.

Endnotes

[1] Strouse, J. and Fabes, R., "Formal Versus Informal Sources of Sex Education: Competing Forces in the Sexual Socialization of Adolescents," *Adolescent*, 20:269-270, 1985.

[2] Jay, S., et al., "Effect of Peer Counselors on Adolescent Compliance in Use of Oral Contraceptives," *Pediatrics*, 73:126-131,1984.

[3] DiClemente, R., Presentation at "HIV Infection and Youth: The Greatest Challenge of All" conference, Washington: April 1989.

[4] Kar, S., Talbot, J., et al., Presentation at "Peers as Health Promoters Among Adolescents" Fourteenth Annual Psychological Workshop, San Francisco: April 1986.

[5] Jay, S., DuRant, R., et al., "Effect of Peer Counselors on Adolescent Compliance in Use of Oral Contraceptives," *Pediatrics*, 73:26-131, 1984.

II. Building Support for a TAP Program

As you begin planning your TAP program, remember that some individuals within your school or agency may not immediately welcome youth involvement in HIV education. While peer education does not usually cause much concern, HIV prevention and AIDS education can. These issues will differ, however, depending upon the nature of your setting. Schools, religious institutions, youth groups, shelters or other community–based organizations may all have different concerns and ideas about the feasibility of a TAP program. To present a convincing argument for TAP, you will also need to determine logistics for planning and funding the program. These areas are discussed in detail in Section III: "Getting Started." This chapter is designed to help you to develop a solid rationale for TAP as well as to anticipate and respond to expressions of concern by members of your community. It presents general guidelines for building support in a school or agency, ten reasons why teens need TAP, and counterarguments for those who challenge it.

Regardless of your setting, you will need to identify and persuade key people whose support you need, to move ahead on the TAP program. Your job will be much easier if you have approval from "the powers that be" in your school or agency. Be aware of your allies and know who can make or break your program. For schools, this includes the superintendent, principal, school board, parents and teens. For community-based agencies, this includes the executive director, the board of directors, parents, and teens. These three guidelines can form the basis for your strategy:

- **Know the community**. What other HIV prevention and AIDS education programs exist? How are they received by the community? Which community groups should be included in the project? In a school setting, explore the topic with school officials and the PTA; do they support HIV prevention and AIDS education? The more you involve the community and parent groups as you begin to plan and implement the program, the fewer obstacles you will encounter later.
- **Know the informal and formal program approval processes within the agency**. Does the board of directors or school board have a vote on what programs are implemented? What are their views on AIDS and HIV infection prevention education?
- **Inform staff**. Plan to educate all staff who come into contact with the project. Talk with teachers or agency staff, and give presentations at agency meetings. Offer the opportunity for other teachers, counselors, and agency staff to become involved in the program if they are interested.

In presentations to the community, parent groups, boards of directors, and staff, you must be prepared to make an informed, persuasive argument for the program. The presentation should address the need for the program, the program's cost-effectiveness and the positive outcomes that can be expected. The following rationale will help you prepare for that presentation.

A. Ten Reasons Teens Need TAP

1) **Adolescents are at risk for HIV infection because many of them engage in sexual intercourse and most do not use condoms.**

- On average, young women first engage in sexual intercourse when they are 16.2 years old. For young men, the average age of first intercourse is 15.7 years old.[1]
- For some demographic subgroups of youth, sexual intercourse begins earlier. In one study of inner-city males in Baltimore, MD, the mean age of first intercourse was 11.8 years — four years younger than the national average.[2] In another study, the average age of first intercourse among inner-city youth who lived in a detention center was 12.[3]
- For some subgroups of youth, the number of sexual partners is very high. In a survey of youth in the 1970's, 41 percent of non-virgin males and 13 percent of non-virgin females had 17 partners by age 19 and during the month preceding the interview, an average of 3.2 sexual partners.[4]
- While many youth engage in sexual intercourse, a sizeable percentage do not use condoms. According to a national study, 57 percent of sexually active males in the sample reported using a condom the last time they had intercourse. Among young men who had five or more partners in the past year or who used injection drugs and/or had a partner who also did, the percentage is lower: an average of 25 percent reported using a condom at last intercourse.[5]

2) **Adolescents are at risk for HIV infection because of drug use.**

- While injection drugs provide the most direct transmission route for HIV, the use of non-injection drugs and alcohol impairs a person's willingness and ability to use condoms or to take other precautions while having sex. Some drugs, such as crack, induce the desire to have intercourse.
- Among adolescents surveyed in 1987, about one-fourth of eighth grade students (26%) and more than one-third of tenth grade students (38%) reported having had five or more drinks on one occasion during the previous two weeks.[6]
- In the same survey, 1.2 percent of U.S. high school seniors reported having used heroin.[7] For out-of-school youth, heroin and other drug use is undocumented although believed to be higher than among in-school youth.
- About one out of every fifteen adolescents has tried cocaine.[8]

3) **Adolescents are at risk for HIV infection because of the stage of their psychological development.**

- Adolescence is a time of both physical and psychological growth. Several psychological developmental characteristics put teenagers at risk for HIV infection. Feelings of invulnerability and the inability to think abstractly are characteristics of adolescence which increase the need for teenagers to learn information and skills through their peers.

- Teens need more than information. They need to change their attitudes and they need the skills to enable them to act on those changes. TAP teens deliver information and skills to other teens through creative and direct activities that work to change the peer culture in a school or in a community.

4) **Adolescents have much misinformation about HIV infection and AIDS prevention that needs to be corrected. TAP will work to correct misinformation.**

- In the 1987 National Adolescent Student Health Survey (NASHS) of students from 217 schools in 20 different states, 47 percent of the respondents believed that "donating blood" increased the likelihood of becoming infected with HIV, and 51 percent were either unsure or believed that "washing after having sex" decreased the likelihood of becoming infected.[9] However, 94 percent and 91 percent, respectively, knew that having sexual intercourse with someone who has HIV and sharing drug needles increases the likelihood of becoming infected.

5) **AIDS cases have been reported in every state. While not every community has been dramatically affected by HIV or AIDS, it is highly probable that a parent, teacher, youth—or someone well known to them—will become infected with HIV in their school or in their community agency. It is important to be prepared to deal with that situation before it happens. TAP will help educate youth and staff.**

- The old saying "an ounce of prevention is worth a pound of cure" is nowhere more relevant than in the world of HIV and AIDS. Yet, in keeping with human nature, many of us do not feel compelled to take precautions until we are personally affected in some way by the consequences of not taking them. (Constance Horner, former Director of the U.S. Office of Personnel Management, released a workplace policy on HIV and AIDS only after her son was greatly touched by getting to know a teacher with AIDS.)

- If HIV or AIDS has not yet had an effect on your school or agency, don't think that this will always be the case. Be prepared by recommending an agency or school policy on HIV seropositive personnel and on the importance of an agency commitment to prevention through education. Be prepared by implementing TAP.

6) **HIV prevention through AIDS education is the only way to stop the spread of HIV among youth.**

- There is no cure for HIV infection or for AIDS, nor is any vaccine on the horizon. However, we do know how to prevent the virus from infecting others. Every individual who has significant contact with a young person should make sure he or she receives correct information on HIV and on AIDS, including ways to protect against the virus. TAP has been evaluated and is an effective tool to teach youth about HIV and AIDS.

7) Teens talking to teens is one of the more effective approaches for communicating essential prevention information to youth.

- Teens ask friends questions about their health before they ask their parents, teachers, or other adults in their lives.[10] When teens were asked from whom would they most likely seek HIV prevention information, they responded "someone my age."[11]

8) TAP builds leadership among youth, by teaching the importance of sharing accurate information with others.

- When youth participating in TAP perform skits and raps and make educational presentations on HIV infection and AIDS before their peers, they earn their respect and are identified as leaders and providers of information. For TAP leaders, this helps to promote self-esteem as they receive positive reactions from their peers.
- Enhanced self-esteem is most dramatically noticeable among youth who are least self-confident when they enter the program.

9) Through teens, parents may become more knowledgeable about HIV and AIDS, and communication between adolescents and parents may be improved.

- Parents will be involved in the TAP project in several ways:
  a) by granting permission for the teen to participate in the program;
  b) by participating in one of the training exercises (The teen will interview a parent or other family member on his or her knowledge and attitudes about HIV infection and AIDS, and share with the parent information that he or she has learned during the training;)
  c) by attending a presentation by the TAP members (the TAP group may put on an HIV and AIDS presentation before the PTA or for parents of the youth involved in the community agency).

10) Teens involved in the TAP program will develop new skills and learn the importance of service to the school or to the community.

- The program focuses on building skills in communication, decision-making and public speaking, as well as skills needed for developing and implementing innovative educational activities.
- Teens who have participated in TAP have become leaders in their schools—people to whom other students go to for information and guidance.

B. Ten Common Arguments Against Implementing TAP and Suggested Responses

To be an effective advocate for the implementation of TAP, you must be able to anticipate objections and respond to them. The ten most commonly heard objections and possible responses are listed below.

1) **"Sex education encourages teens to have sex."**

- This is perhaps the most commonly heard and hotly argued point even though it is not supported by the facts. An extensive evaluation conducted in 1984 studied the effects of sex education programs. The evaluators concluded that sexuality education programs did not increase the incidence of sexual intercourse among those in the programs.[12] Research has found no correlation between sexuality education and increased or earlier initiation of sexual intercourse.

2) **"Adolescents are not at risk for developing AIDS — it's an adult disease."**

- While less than one percent of all reported AIDS cases are among teenagers, approximately 20 percent are among those ages 20—29. Because the latency period between HIV infection and onset of AIDS is about 10 years, many of these young people with AIDS who are in their 20's were mostly likely infected while teenagers.

3) **"Parents will not support this program. It's too controversial."**

- A 1987 NBC poll found that 91 percent of adults approve of teaching AIDS prevention to children in public schools.[13]

- Of these same adults, 79 percent favor the use of television advertisements to promote the use of condoms for AIDS prevention.

4) **"This school already provides one hour of AIDS education in ninth grade health class on sexually transmitted diseases. Therefore, we have no need for this program."**

- The majority of adolescents receive some form of sexuality education in school, yet very few receive comprehensive education, which is known to be more effective. Students need to learn HIV prevention and AIDS information within a larger context that includes decision-making, goal-setting, values exploration, and sex and gender roles, as well as factual information about reproduction, physiology, contraception, and sexually transmitted diseases. The TAP training component provides this larger context, and as teens begin to implement educational activities, they will help their fellow students see that high-risk behaviors are not "cool."

5) **"This community-based organization provides outdoor recreational activities to youth; we are not in the business of beginning other programs."**

- Community-based organizations are ideally situated to involve youth who may not be reached through other institutions. All youth need to be educated about HIV because prevention of the disease directly relates to their physical well-being. Wherever possible, it is imperative that organizations join a community-wide HIV prevention effort so that teens can hear consistent messages from numerous sources.

6) **"The staff is already overloaded; we cannot possibly implement another new program."**

- The TAP program can be integrated into current programs. The staff time it takes to implement this program is about 25 percent of a full–time youth worker. Volunteers in the community can be enlisted to do some of the training, to oversee program development, or to coordinate the youth-led educational activities. The TAP program can be adapted to fit into an agency's program structure in numerous ways. For example, posters and/or pamphlets might be given out at recreational events, and fundraisers for local HIV and AIDS service groups could be organized around 10–K runs, walk–a–thons, and other recreational activities. If the organization can commit to the program, resources for making it happen can be found.

7) **"Sexuality education and HIV education do not change behavior. They are not effective. Why bother to implement another program that will have no impact?"**

- Sexuality education programs that are comprehensive and incorporate interactive exercises have been documented to successfully change behavior. The TAP peer program has been tested through a pre– and post–test experimental design. The evaluation found that the TAP training increased youth participants' knowledge, changed their behavioral intent in terms of condom use, and increased their sensitivity toward persons living with AIDS.

- Although the ultimate goal of the TAP program is to change behavior for all youth educated by the TAP group, it is unrealistic to expect immediate behavioral change among this target population. The TAP program will alert teens to the necessity of protecting themselves from HIV and AIDS because their friends will be communicating that this is an "equal opportunity" virus—anyone of any age, sex, race, or sexual orientation can become infected. Changing teens' behavior begins with changing attitudes. Helping teens come to understand that they are vulnerable to HIV infection is a significant first step.

8) **"Teenagers are not capable of taking on the responsibility this program requires."**

- Adolescents are often described in negative terms in our culture as rowdies, instigators, and self-absorbed trouble-makers. Yet, this portrait overlooks the positive qualities of adolescents: their loyalty, altruism, and idealism. It is a disservice to youth if we do not recognize and help them to build on these positive attributes. In fact, youth who have been labeled trouble-makers often become the most effective peer leaders when their leadership skills are applied in a positive manner and the issues are ones that personally affect them and their friends.

- In a presentation by several TAP members, an adult said to a one member from Washington, DC that she and her fellow AIDS educators were doing a great job and that they were **very special** youth. The TAP member responded, "No, you're mistaken. We are not special youth. We have just been given the opportunity to become involved in our schools and in our community and encouraged to take control of the HIV prevention education activities. Youth need to be given the opportunity to create their own programs, and when given that opportunity, they do great things."

9) **"Youth are not interested in AIDS or HIV nor do they care about their peers."**

- Generating excitement and energy about any program requires an appropriate approach. In recruiting youth for TAP, the approach should be exciting, fun and creative. Refreshments, such as pizza, will help. Having other teens recruit through presentations, by word–of–mouth, or by developing creative flyers will also work to pique others' interest. Nothing is more powerful than personal testimony from one teen to another on why it is worth his or her valuable time to become involved in TAP.

10) **"Teens will not listen to other teens because they are not authority figures."**

- Some teens may initially think, "Why should I listen to you? You don't know any more than I do." But when teens have been trained extensively in HIV prevention and in public speaking, this attitude is easily changed. Confident teens speaking directly to other teens with correct information gain respect and attention quickly.

Endnotes

[1] Zelnik, K. and Shah, F., "First Intercourse Among Young Americans," *Family Planning Perspectives*, 15:64-70, 1983.

[2] Clark, S., and Zabin, L., "Sex, Contraception and Parenthood: Experience and Attitudes Among Urban Black Young Men," *Family Planning Perspectives*, 16:77-82, 1984.

[3] Hein, K., Cohen, M., Marks, A. et al., "Age at First Intercourse Among Homeless Adolescent Females," *Journal of Pediatrics*, 93:147-148, 1978.

[4] Sorensen, R., *Adolescent Sexuality in Contemporary America*. New York: World Publishing, 1973.

[5] Sonenstein, F., Pleck, J., and Ku, L., "Sexual Activity, Condom Use and AIDS Awareness Among Adolescent Males," *Family Planning Perspectives*, 21: 152-158, 1989.

[6] American School Health Association et al., *The National Adolescent Student Health Survey: A Report on the Health of America's Youth*, Oakland: Third Party Publishing Company, 1987.

[7] U.S. Department of Health and Human Services, National Institute on Drug Abuse, press release, April 1988.

[8] American School Health Association et al., 1987, op cit. (see reference 6).

[9] Centers for Disease Control, "Results from the National Adolescent Student Health Survey," *Morbidity and Mortality Weekly Report*, 38: 147-150, 1989.

[10] American Home Economics Association Adolescent Survey, 1988.

[11] CPO Focus Group Study, 1988, unpublished data.

[12] Kirby, D., *Sexuality Education: An Evaluation of Programs and Their Effects: An Executive Summary*, Santa Cruz: Network Publications, 1984.

[13] National Broadcasting Corporation, Inc., "NBC News Poll Results," New York: January 16, 1987.

III. Getting Started

Once support for TAP has been established within your school, community or organization, it is time to plan how you will implement and administer the program. You will need to develop a working plan, identify resources for support of TAP operations and activities, select and train additional personnel, and recruit youth. This chapter concentrates on these four areas, with guidelines for the individual(s) or group(s) responsible for each objective.

A. Develop Your Plan

It is important to develop a working plan for your TAP program. The plan serves two purposes both of which are vital to the success of your program: 1) planning allows you to emphasize program elements and approaches that fit your community and the youth who will be trained and educated through TAP; 2) planning provides an overview of how you expect the program to proceed and places each stage of the program within a time frame.

This section will review the process of planning your TAP program including identifying preliminary considerations and specific TAP objectives, designing an evaluation component, laying out a sequence of events, and calculating your budget needs.

1. Preliminary Considerations for Implementing TAP

a) Several issues will affect the direction you take in implementing your TAP program. For the most part, you will be aware of the issues and circumstances that demand HIV prevention and AIDS education in your community; they are probably the impetus for your interest in TAP. Review these issues, and any others that come up as you begin to plan, in order to guide the direction of your TAP program. In this way you can design a program that addresses the specific needs of the youth you intend to serve.

b) If you are working within a school, youth group, religious institution, shelter, or in any area with a well–defined population, or if you are planning to work with a broad spectrum of youth from your community, use the following questions to guide your selection of the youth you will target for the TAP program and youth–developed TAP activities.

Consider the youth with whom you plan to work:

- What are their ethnicity and economic status?
- What are their ages? Will you target a specific age group?
- How many are in school?
- What is the ratio of girls to boys?
- Do all of the youth attend the same school, church or youth group; are they all residents in a youth shelter?
- Are there many street and homeless youth in the community? Who serves them?
- Is prostitution a common source of income for the street and homeless youth?
- Is substance abuse a problem? Which substances are?
- Are kids involved with the street traffic of drugs?

Investigate any indicators of sexual activity including rates of teen pregnancies or births and sexually transmitted diseases (STDs) for youth in your community. Civic, state and community agencies are good sources for some answers, along with your own observations and experiences. Look to local organizations that focus on HIV infection and AIDS prevention for information now and later when training TAP members. Once you understand the overall picture for youth in your community you are ready to begin planning.

2. Setting Your TAP Program Goals and Objectives

The TAP program has the generic goal of providing peer-mediated HIV/AIDS education to youth. To achieve this goal, the TAP program is designed to train youth to become knowledgeable and sensitive HIV/AIDS educators who are skilled at communicating the information they have learned to their peers. The TAP program, therefore, remains flexible and is able to fit the needs of a variety of youth by allowing each TAP program coordinator to select and implement specific goals and objectives.

a. Revising your goal statement

- The goal statement should be revised to reflect the population you will serve. While everyone who implements TAP will provide peer-mediated HIV/AIDS education, your goal should reflect the breadth of your program in reaching youth, whether you target all of the students at Hometown High School, the members of the Holly Wreath Youth Club, the youth served at the Anytown Gay and Lesbian Support Center, or gangs in the South-Central region of Somewhere, USA.

b. **Stating your objectives**

- Stating objectives is a very important part of the early planning process. Through the objectives, you are able to identify the duties and milestones associated with implementing the program. These are generally called "process" objectives. You should also use objectives to anticipate the effect of the TAP program on the youth you have targeted. These are known as "impact" or "outcome" objectives. Both process and impact objectives are described more thoroughly in Chapter VI.

- Your objectives will serve to further clarify the direction of your TAP program. They should detail what you want to accomplish, as well as when, where and why you want to accomplish them. The objectives should also specify amounts, proportions or percentages. For example, one process objective for a TAP program might be stated as follows:

  — Fifteen youths ages 14 to 17, will be recruited to participate as TAP peer educators by August 30, 1991 from the Hometown High Summer School Program.

  This objective states what you plan to do, the time frame in which it will be done, the source of the participants and activities, and the intended number of participants.

- Some of your objectives should reflect the special needs or focus areas for your TAP program. These areas reflect the information you identified during your preliminary considerations for the TAP program. Some examples are: concerns about reaching minority youth, involving males or females, stressing the association of substance use and HIV infection, emphasizing the possibilities for heterosexual transmission of the virus, promoting safer sex and condom use, meeting the needs of sexual minority (gay and lesbian) youth, providing outreach to street and homeless youth, or reaching specific age groups among the youth in your community.

- Objectives also serve to indicate the areas you will want to evaluate. Preview Chapter VI on evaluation for help with the formulation of your objectives and suggestions on how to conduct a simple program evaluation.

3. **Developing a Sequence from Your TAP Program Plan**

a) There are four major stages that should be reflected in your TAP program plan. They include:

1) **preparation time** (i.e., planning program and evaluation, recruiting coordinator and kids);

2) **training**;

3) **activities**;

4) **re-assessment and modifications.**

- During the first phase, you will design the overall plan using your objectives as a guide. Here, you will also plan your evaluation strategy, work out program logistics, review the TAP training model provided in Chapter IV, recruit additional people to help with the program, recruit the TAP members, and locate resources and support that you will use during the implementation stages. The remaining sections of this chapter will help you complete this planning phase.
- The second interval involves the actual implementation of the TAP training. It begins the day training begins and ends on the last day. Chapter IV outlines the TAP training which is divided into one hour sessions.
- Activities development and implementation mark the third phase of the TAP program. Activities planning can begin during training, as can the actual activities. What you need to remember at this stage is that the youth should develop the activities; you will provide them with guidance and direction. Make sure to allow enough time in your schedule for the activities to be both planned and conducted.
- Finally, the fourth phase allows you to use the information you have collected, combined with your own experience, to revise your TAP program for the next session.
- The phases can be placed on a chart with your overall timeline and specific activities listed under each heading. This will help you to visualize your plan and space events and activities so that they are attainable.

b. The training plan

Developing a comprehensive program plan helps to keep the project on track and establishes a process for anticipating and avoiding potential problems and conflicts. Depending upon the structure of your organization, the plan could cover an academic year, a summer or some other appropriate unit of time. Examples of two plans follow—one in a school in which the group meets for 40 minutes each week, the other in a community-based program in which the group meets for four hours a day, five days a week.

Planning Example 1

TAP Program Plan for School Setting
Full School Year

Week of		Activity
September 5		Presentation to PTA
September 12		Permission slips Recruit TAP members
September 19	Session I: Intro to TAP	Pre-test TAP members*
September 26	Session II:	Getting to know each other TAP Contract & Ground Rules
October 3	Session III:	Values Clarification
October 10	Session IV:	HIV and AIDS FACT News on HIV and AIDS
October 17	Session V :	HIV and AIDS Vocabulary
October 24	Session VI:	HIV Transmission Game Rating Behaviors
October 31	Session VII:	Have you Weighed Your Options—Sex & Drugs Condom Hunt-Homework
November 7	Session VIII:	Review Condom Hunt Interview - Homework
November 14	Session IX:	Review Interview
November 21	Session X:	Role Plays
November 29	Session XI:	Role Plays
December 5	Session XII:	Preparation for Person Living with AIDS (PWA)
December 12	Session XIII:	Speaker: PWA
December 19	Session XIV:	PWA Discussion
		Post–Test
		Holiday

January	Session XV:	Prevention Messages
	Session XVI:	How to Get the Message Out
	Session XVII:	Developing Working Groups and a Plan
February		Plan Activities
March		Implement Activities
April		Implement Activities
May		Implement Activities

* For greater detail on evaluation design and strategy, see Chapter XII.

Planning Example 2

TAP Training Plan for a Community-based Organization
20 hours a week/8 weeks

		Activity
2 MONTHS PRIOR TO TRAINING		Recruit TAP members Presentation to Board of Directors Pre-Test TAP members and control group
WEEK 1		
DAY 1	SESSIONS 1-4	1. Pretest TAP members/ Intro to TAP 2. Getting to know Each Other TAP Contract and Ground Rules 3. Values Clarification 4. HIV and AIDS Facts News on HIV and AIDS
DAY 2	SESSIONS 5-8	5. HIV and AIDS Vocabulary 6. HIV Transmission Game Rating Behaviors 7. Have You Weighed Your Options? Sex and Drugs Condom Hunt–Homework 8. Review Condom Hunt Interview–Homework
DAY 3	SESSIONS 9-12	9. Review Interview 10. Role Plays 11. Role Plays 12. Prepare for Person Living with AIDS
DAY 4		13. Speaker: Person Living with AIDS

DAY 5	SESSIONS 14–17	14. PWA Discussion Post-Test
		15. Prevention Messages
		16. How to Get the Message Out
		17. Developing Working Groups and a Plan
WEEKS 3 - 8		Develop and Implement Activities

c. **Planning activities**

Chapter V addresses the activities plan for TAP. At this early stage, the most important point to remember is that the youth will plan the TAP activities. You will guide and support their efforts. The suggestions in Chapter V will help you create an atmosphere that is conducive to youth leadership and the cultivation of creative ideas. Leave ample time for activities development and implementation, and plan for flexibility, as different activities will require different schedules for preparation and execution.

4. Planning resource needs

When the terms "resources" and "budget" are used, they most often mean money and a plan for utilizing that money. Although you may choose not to develop a formal budget, this section will help you identify what some of your resource needs will be—anything from in–kind donations to a formal budget. The term budget will be used in this broad context throughout this section.

The first step in budgeting for TAP is estimating the cost of the program components. Your program timeline and plans for training, activities, and evaluation, based on your program objectives, provide a useful guide for listing your resource needs. The cost will vary depending upon how you structure the program. List everything that will require either money or a non-cash contribution. Check off everything on your list that you already have access to at no cost. The items that remain are those you must find a way to acquire. Initially, you may find it easier to list items according to your planning outline or chart, and later, to group similar items together for the actual budget.

During the initial planning phase you will probably need some office supplies, postage, resource information on HIV/AIDS, photocopying, and the use of a telephone. If you are working in an environment where you will be paid for your time working with TAP, you must budget for staff salaries. If you use volunteers, you should consider reimbursing them for travel or other expenses.

During the training, you will need more office supplies, copying, and educational materials. You will want to provide refreshments for the youth and you may decide to provide stipends as well. It will be difficult to budget for activities at this point, but keep in mind that they will most likely require cash or donated professional services. You may want to talk to some young people to get an idea of the kinds of activities they enjoy and find worthwhile before you complete your budget. Obviously, the more money you have for activities, the more you can do, but be as realistic as you can be about your actual needs.

Evaluation costs can be kept to a minimum, requiring some office supplies and services as well as your time, if the evaluation is kept simple. For more complex evaluations, costs may run from two to three times the cost of the program. If you are planning an extensive evaluation, use the information in Chapter VI to locate an evaluator and ask him or her to help you estimate costs.

Two of the most expensive items that can appear in a TAP budget are staffing and stipends. For many programs this will not be an issue: everyone involved will either be a volunteer or paid by the school or community program. For those who are considering salaries or stipends, there are a number of different options to consider.

Staffing

Consider the work load for the TAP coordinator. Perhaps a co-coordinator or other support person is needed to help the program run smoothly. Depending upon the program structure, the cost of staffing and the number of staff hours per week needed to implement TAP will vary. An advantage of co-coordinators is that they can provide youth with two different adult viewpoints and role models, while the coordinators share the experience and responsibilities of working with the youth. Decide whether these positions will be paid or voluntary.

Try to use volunteers whenever you can. For schools, TAP can become a school club led by a teacher or counselor who is reimbursed according to school policy. In community and religious organizations, parents, college-aged youth, young adults, and progressive seniors may be looking for this type of opportunity. Be aware that volunteers must be appropriately trained and able to attend meetings consistently in order to be effective. Volunteers who do not or will not make their TAP commitment a priority may not follow through with responsibilities. That would make depending on them problematic.

If you are in an environment where someone on staff will oversee the project but needs additional assistance, think about using an intern to lead sessions or be responsible for logistics (e.g., gathering training supplies, setting up the room, buying refreshments). The internship could be a useful learning experience for students studying psychology, education, public health, sociology, and social work. Many are required to do field work and can be effective volunteers. If possible, it is nice to offer a stipend, because student incomes are generally very low.

Stipends

The TAP pilot-test in the District of Columbia provided stipends for the teens in the first year but not in the second. In both cases, teens participated in the program and felt positive about it. When deciding whether or not to give stipends to the youth, you should weigh the benefits of each approach.

Providing stipends to TAP participants offers three benefits:

- It gives youth a concrete reward for their work.
- It provides an incentive to keep youth involved in the program.
- It allows youth who financially *need* to be employed the opportunity to participate in the program.

At the same time, **not** providing stipends also has three benefits:

- Youth will be primarily motivated by their desire to educate other youth about HIV and AIDS.
- The program is less expensive to run.
- The number of youth participating will not be determined by financial constraints.

The following list contains additional items that you may need to include in your budget.

Resource Needs

Staff

Program coordinator(s)

Intern

Stipends for youth (min. wage) x (# of students) x (# hrs.)

Recruitment and Program Administration

Photocopying

Office supplies

Office equipment (typewriter/word processor)

Local transportation

Telephone

Meeting room

Storage space for materials and records

Meetings

Refreshments ($10) x (# meetings)

Transportation reimbursement

Recruitment flier printing

Training

Newsprint

Markers

Tape

Office supplies

Photocopying

Educational materials:

- Pamphlets,
- Resource/Reference Books
- Videos (rent, purchase or borrow)
- Handouts for training sessions

VCR and TV (rent, borrow, purchase)

Guest Speakers

Activity Development

(Costs will depend on the activities selected by the youth but budget should be flexible enough to allow for different types of activities.)

Some common activities:

- Buttons
- Pamphlet/Posters Design
- Advertisements
- Tee Shirts
- Theatrical/Musical Presentations

Evaluation

Surveys/tests development and

Photocopying

Analysis and reports

5. Planning an evaluation scheme

Chapter VI outlines the steps necessary for conducting an evaluation of your TAP activities. You should, however, realize that evaluation is best when it is planned in the early stages of your program development. Early planning allows you to determine how you will assess your efforts as you figure out what you want to accomplish with the TAP program. Take time to read Chapter VI before you begin planning; you will save time, avoid frustration, and get results that will help you build a stronger TAP program.

B. Identifying Support and Funding for TAP

After you have decided what your program will entail and identified the resources you will need in a budget, the next step is to find the money, or in–kind donations, to implement your plans. The type and amount of funding you need will depend on the goals of your program and the size and scope of your organization.

If you are working at the local level (for example, starting TAP at a church or community center with volunteers), look to the local community for support. Divide your budget by specific tasks and then look for a sponsor for each task. For example, a TAP program getting underway at a neighborhood community center might have organizers who like to provide stipends during the training for the TAP peer educators, provide refreshments at each meeting, distribute buttons at each presentation, and have the group design and wear identifying T–shirts. In this instance, local businesses and clubs could be approached to sponsor individual TAP members by donating the stipends for one or more teens to participate in the training. Grocers, pizzerias, or other food establishments could be approached to donate refreshments at no cost or at reduced cost. A novelties printer could be asked to donate the tee-shirts directly, or as a donation if you print other materials with them, like buttons. The TAP members can always raise cash through the tried and true methods: bake sales, car washes, service auctions, and direct donations.

In schools and more established youth-serving agencies, TAP coordinators and members can take advantage of school or agency resources to keep TAP expenses to a minimum. In schools, a teacher can assume primary responsibility for coordinating the project while students undertake fund–raising activities to cover the remaining costs of the program. Some schools have budgets for class, sport, and club activities. Most, however, do not, and TAP members may want to hold school dances, walk-a-thons or T–shirt sales to raise funds.

In an agency, funding for TAP may fall within the general fundraising functions of the entire organization. This may determine who will be the fundraiser for TAP as well as shape the structure of the program. There may also be several opportunities to incorporate TAP into the scheme and budget of existing programs. In general, most agencies will be familiar with procedures for approaching a foundation and will have an on–going process for locating funding sources.

There are some who feel that the program is best served by pursuing formal funding through a foundation. If this is your first time dealing with this level of funding, you should investigate foundations and public sources and determine which one best matches TAP requirements. Next, these sources should be contacted according to each funder's protocols. Some foundations require a letter of intent before receiving a proposal, others will meet with you, and if still interested, ask for a proposal. If you decide to write a proposal for TAP, you need to obtain written guidelines from the specific foundation. Foundations, corporations, and government agencies all have different guidelines. If you have questions, call the foundation for clarification. Don't guess. If possible, avoid sending a proposal before you have first contacted the foundation. You will have much greater success if you speak to someone first.

Local Foundations - Where to find them?

1) Talk with people running HIV prevention and AIDS education programs in your community to explore funding ideas. Ask about local corporate funders as well as foundations.

2) Call the Foundation Center in New York City (212) 620-4230. They will help you identify appropriate foundations in your area. They also produce *The Foundation Directory*, which provides information on the nation's largest foundations.

3) Your local library's reference desk will be able to provide you with books listing funders and their requirements. You can also order *AIDS Funding: A Guide to Giving by Foundations and Charitable Organizations*, published by the Foundation Center in November, 1988.

Corporate Funders

1) Identify which local corporations have given grants to schools and youth-serving agencies by talking with local agencies.

2) Investigate whether anyone you know has a connection to a corporate funder and is willing to introduce or advise you.

Public Funding

1) Contact your state AIDS education office and ask for information on possible funding. A number of state governments fund HIV prevention and AIDS education programs.

Overall, when writing a proposal, it is important to answer several key questions: why HIV prevention and AIDS education is essential for youth; why TAP is an excellent and important program; why your organization will be successful in implementing it; how the program will have a positive impact; and, how you will measure that impact. You will also need to present a project budget and other source of support (including in-kind donations).

C. Selecting Additional Staff for the TAP Program

As mentioned above, having additional staff can be useful to the TAP program. At the very least, a co-coordinator provides you with someone with whom to share responsibilities and ideas. For TAP, as for any other youth program, success rests heavily on the attributes of the adults who work with youth. The list below notes qualities that are important for a TAP coordinator. Look for qualities you possess that are listed and think about these items when you need to recruit volunteers or hire staff for TAP. Ideally a TAP coordinator should possess the following qualities:

- Excellent ability to communicate with and motivate adolescents.
- Commitment to HIV prevention.
- Basic knowledge of HIV and AIDS.
- Experience in teaching sexuality education.
- Creativity and flexibility.
- Ability to work with youth from a wide variety of cultural, socioeconomic, racial, and sexual orientations.
- Sense of humor.
- Ability to have fun.
- Ability and willingness to empower youth to educate their peers.

Some community groups or schools will choose a program coordinator because of his or her specific interest in HIV prevention or in peer education. Some TAP coordinators may have excellent skills for working with youth but need additional training in AIDS education; such programs are available in the community or through national, regional or local AIDS conferences. The American Red Cross or local AIDS organizations will be helpful in identifying these resources.

The program coordinator is responsible for the overall management of the TAP peer program. This includes planning and budget management, training peer leaders, and helping them to implement activities. If there is a co-coordinator, these duties can be shared and some can also be delegated to interns, other volunteers, and TAP members.

Each TAP program should develop a list of specific duties for the coordinator and any additional participants in the TAP program. An example of duties for the coordinator might include:

- Develop support for the project in the community, school, and/or agency by presenting it to the PTA, board of directors, or other appropriate groups.
- Select youth to participate in the project and secure parental permission for each youth under 18 years old.

- Attend each TAP meeting, provide and coordinate training to TAP students, and arrange logistics for the meetings.
- Help youth conduct AIDS prevention projects in the community or school for facilitating presentations, assemblies, place newspaper articles, develop educational materials, and other activities.
- Serve as program liaison between youth, parents, staff, principal, and others involved with the project.
- Manage the evaluation of the TAP program.
- Oversee budget and write letters requesting donations to local businesses.

D. What Every TAP Coordinator Needs to Know: Tips on HIV Prevention and AIDS Education Training

TAP coordinators will have their own feelings and values about the AIDS epidemic, and may not be completely comfortable with some of the issues that students are likely to raise. In particular, leaders may feel uncomfortable presenting sexuality-related information. These tips will prepare the TAP coordinator for the professional and personal challenge of teaching young people about HIV/AIDS.

1. All Teens Are Not Alike

It is important to acknowledge the wide range of sexual experiences within a group of young people. Some teens will have already had heterosexual experiences; some teens will have had homosexual experiences. Some teenagers will have had intercourse; some will never have kissed anyone. Some will be dating; others may not yet be interested in sex. Some teens may have good reason to believe that they have been exposed to HIV; others may incorrectly believe they can contract it from a drinking fountain. Students in your group may have friends or relatives with AIDS; some will have parents whose own behaviors may place them at risk.

It is important for the leader or teacher to address all of the young people in a group. One suggestion is to begin by saying something like, "We are going to be discussing AIDS. AIDS is a national emergency. All of us need to know more about HIV, the virus that causes AIDS, and how it is transmitted. We will be talking later about prevention. You may not need this information now or ever, but it is important for everyone to listen so that you can be helpful to a friend, or family member, or yourself in the future."

Many young people are afraid of AIDS, and that fear may keep them from protecting themselves. Leaders can reduce this fear by explaining that AIDS can be prevented. Teens can feel empowered by learning that they have the ability to practice behaviors that will prevent them from ever becoming infected.

Leaders should be prepared to deal with homophobia (negative and fearful attitudes about homosexuality). The AIDS epidemic has caused increased incidents of violence against homosexuals and has the potential to increase homophobia among teens. This attitude represents an apparent need to blame someone for AIDS, and in so doing, it obscures the facts about the problem. Further, leaders should be aware that some of the young people in their groups may be gay or questioning their sexual orientation. These youth are vulnerable to homophobic statements and the TAP coordinator should try to counter them. Adults can also can use this opportunity to help gay or youth questioning their orientation to contact the appropriate community resources. Additional discussion of these issues will help teens clarify their personal and family values.

2. Reaching Special Populations

To be an effective educator, the TAP coordinator must address and tailor his or her educational approach to the needs of the TAP group. Youth represent a wide range of cultural and sexual orientations, each of which need to be addressed in the TAP training.

a. Gay and lesbian youth

Based on a national Kinsey survey, it is estimated that 10 percent of the population is gay. Kinsey discovered in a survey of 6,000 adolescents and adults that 37 percent of the male population had had at least some overt homosexual experience and 10 percent of these males were exclusively homosexual.[1] Gay and lesbian youth are perhaps one of the most invisible and outcast youth groups. Gay youth who are "open" about their sexuality face conflict with their families and friends; those who are "closed" face internal conflict over their self-identified sexual orientation and their public life as heterosexual persons. Since there are very few schools or community-based youth agencies that provide programs designed specifically for gay youth, and since many of these same institutions remain ignorant and fearful of this population, these youth remain isolated and silent among us. The TAP coordinator's job is to first educate him or herself, then the TAP members, and finally his or her colleagues, about what it means to be a gay or lesbian youth.

Due to the general homophobic atmosphere of our culture, gay and lesbian youth are at greater risk for a variety of health and social problems — these include suicide, drug use, and physical and emotional abuse.

- Gay youth are two to three times more likely to attempt suicide than other young people.[2]
- Many gay youth face rejection by their families. In a runaway shelter in San Francisco, gay and lesbian youth reported a higher incidence of verbal and physical abuse from their parents and siblings.[3]
- In a survey of 29 gay and bisexual male teenagers, the majority of youth experienced school problems related to sexuality, substance abuse, and/or emotional difficulties warranting mental health interventions. Half of the youth reported a history of sexually transmitted diseases, running away from home, or conflicts with the law.[4]
- Many gay youth turn to drugs and alcohol as a coping mechanism to deal with the social isolation they experience. Approximately 30 percent of lesbian and gay youth have problems with alcoholism.[5]
- Gay and lesbian youth comprise as many as 25 percent of all youth living on the streets in the United States.[6]

It is particularly important to reach gay males with HIV prevention activities. They are especially vulnerable to HIV infection because social stigma and the lack of a peer group often lead them to socialize with older men who have a higher rate of infection. The TAP coordinator should consider inviting an expert from the community to conduct a session on homophobia.

b. Latino youth

Latino youth represent a variety of cultural and linguistic heritages, and for this reason, it is important for the TAP coordinator to understand how language, culture, length of time in the U.S., and religion interplay with his or her educational approaches to HIV prevention and AIDS education. The TAP coordinator should not assume that all Latinos speak Spanish; some may be third generation and only speak English. Latinos who have recently immigrated to the United States will be able to communicate best in Spanish. Nor can the TAP coordinator assume that all Latinos speak the same dialect of Spanish; Mexican-Americans, Puerto Ricans and El Salvadorans all have different, distinct dialects. For this reason, the TAP coordinator should learn the linguistic needs of the TAP members and choose appropriate educational materials, pamphlets, posters, and videos, for the group. For TAP groups located in Latino communities, encourage the TAP group to design materials in Spanish.

Approximately 85 percent of Latinos are Catholic. Catholic youth may have difficulty discussing topics like safer sex, homosexuality, and sexuality in general. Some Catholic youth may personally feel very comfortable and open-minded about these issues, but will return to families where these topics are forbidden. It will be important for the TAP group to come to consensus on the prevention messages it will communicate to other youth, and during this process, to agree to respect differing opinions.

It is important for Latino youth to understand that AIDS is a problem for their community. Latin Americans are disproportionately affected by AIDS. While they constitute about 8 percent of the U.S. population, they account for 15 percent of all reported AIDS cases.[7] It is also important for the TAP coordinator to encourage the Latino TAP members to design educational activities that reach their Latino friends. Currently there is a paucity of culturally sensitive and age-appropriate HIV/AIDS materials for this community.

c. African-American youth

African-American youth, like Latino youth, represent diverse cultural and socio-economic backgrounds, and therefore, the TAP coordinator will need to assess the needs of the African-American youth in order to implement an appropriate educational approach to the TAP training. Black youth from

different geographic locations will have unique needs. For instance, some black, urban, inner-city youth will experience drug and gang-related peer pressure while their suburban and rural counterparts will not. The TAP coordinator should identify HIV prevention materials that best reach the African-American youth in the TAP group.

The role of the church is central to many black communities. Unfortunately, this potential resource has yet to become fully involved in the HIV prevention and AIDS education effort. Some African-American youth may not feel comfortable with open discussions about sexuality which might include topics such as homosexuality, contraceptives, or effective HIV/AIDS prevention methods. The Value Clarification exercise, one of the first in the TAP training, will allow youth to discuss their feelings and beliefs about these issues as well as help youth to recognize the diversity of values among their peers.

The black community has been disproportionately affected by HIV and AIDS—While blacks constitute 12 percent of the total population in the United States, they account for 24 percent of all reported AIDS cases. Because many in the black community have perceived AIDS to be a white, gay disease, they have been slow to respond to the epidemic with HIV prevention programs. The TAP coordinator will need to address these myths among the youth and empower them to become effective HIV prevention educators. The coordinator will need to be sensitive in dispelling these misconceptions and should reaffirm his/her concern for the youth and their safety in order to build their trust.

3. Appropriate Language

One of the subtle, yet powerful ways you can begin to help teenagers delay sexual intercourse is by changing the language you use to define teens and their sexual behavior. Traditionally, teens who are having intercourse are described as "sexually active." Indeed, interviews and surveys designed to discover whether or not a teen is having intercourse often ask "Are you sexually active?". With that terminology, the entire range of sexual behavior, from fantasy to social interaction, to touch, and intercourse, has been narrowed down to one and only one act. All behaviors other than intercourse are not considered sexual. The message sometimes conveyed to teens is that *only* sexual intercourse constitutes the behavior of a "Sexually Active" person. When what you mean or want to know about a youth's sexuality pertains to the specific act of intercourse, that should be the word you use. Begin to reframe and expand the concept of sexual activity to validate the entire spectrum of expression of sexuality and sensuality, thus acknowledging the importance of many sexual behaviors, many of which are not so risky for teens.

Teenagers need information about the sexual behaviors that place them at risk for HIV infection. This can be one of the most difficult and important tasks that leaders undertake. Because most teenagers experiment with some type of sexual behavior, however, educators can help teens understand which ones are high–risk, which are low–risk, and which are risk–free.

Throughout the training the term "all types of intercourse" will be used. This refers to vaginal, oral, and anal intercourse. None of these behaviors in and of itself puts a person at risk for HIV infection. Rather, it is engaging in these behaviors with a partner whose antibody status is positive or unknown that makes a behavior risky. Furthermore, some medical professionals are concerned that anal intercourse can provide an easier route for viral transmission because of the greater potential for tearing delicate tissues.

"Mutual monogamy" is a term that is frequently used when referring to less risky behavior but it should not be a prevention message communicated to teens. Mutual monogamy refers to people who only have sex with one partner and that partner only has sex with them. However, when the topic of mutual monogamy is discussed with teens they may express varying opinions about the length of a monogamous relationship, from two weeks to a semester. Mutual monogamy may be difficult to achieve before mature adulthood, and even then can continue to be an issue of concern. As new evidence emerges about the incubation period of HIV it becomes increasingly difficult to know with certainty how long *is* long enough.

4. Addressing Sexual Expression

Educators can help teens understand that there are many ways to express sexual feelings, some of which do not place them at risk for an unplanned pregnancy or a sexually transmitted disease, including HIV. These include touching, fantasizing, caressing, massaging and masturbating. Talking, kissing, whispering, hugging, singing, dancing and holding hands are also ways of showing and receiving affection from a partner. Abstinence from all types of sexual intercourse — oral, vaginal, anal — is risk–free.

Strategies to encourage abstinence are an important component of HIV/AIDS education. Teenagers need to know that intercourse is not the *only* way to give or receive pleasure. Young people need to learn to express affection not only through non-genital activities but also through non-sexual avenues.

While encouraging teenagers to abstain from intercourse is very important, it is also important for educators to be realistic about the numbers of teens in their programs who are already having sexual intercourse. According to national statistics, in a group of 16 year olds, half of the young people are likely to be virgins, and half are likely to be engaging in intercourse. In some communities the average age of first intercourse is 12. Those young people who engage in risky sexual behaviors need explicit information about how to protect themselves.

5. Discussing Safer Sex

Safer sex is a term commonly used to describe the use of a latex condom during sexual intercourse to prevent HIV infection. Leaders can help teenagers who engage in sexual intercourse to understand their risk of becoming infected and how to practice safer sex. Any type of sex between two *uninfected* partners is safe. **The difficulty is that most people, teenagers or adults, do not know if they have been exposed to the virus.** "Knowing someone well" or "asking your partner about AIDS" is an unrealistic way to assess potential risk, especially for teenagers. Teenagers need to understand that it is impossible to tell if someone is infected just by looking at him or her.

Latex condoms, when used correctly, have been proven to be an effective barrier to HIV transmission in the laboratory. However, condoms can break or leak and therefore are not 100 percent effective against the spread of HIV or for the prevention of pregnancy. They do offer the best protection available for people who are going to have intercourse with a partner whose antibody status is unknown. Condoms lubricated with nonoxynol-9 may provide additional protection.

Again, in preparing to teach teens about HIV and AIDS, the leader will have many opportunities to reassess his or her personal beliefs and values. Leaders should be encouraged to question themselves and to seek the support of another youth leader if possible.

6. Youth Empowerment and Leadership

In addition to providing information and teaching skills to protect from HIV infection, the TAP coordinator will be working to empower youth to feel comfortable imparting HIV information to their friends and developing educational activities. From the beginning of the program, TAP members should take part in decisions about the program so that they feel some ownership and are practicing decision-making skills. In addition, they should be aware of the budget as they begin to develop activities that require funds so that they understand how funding relates to programming. When money runs low, they may also take on some of the fundraising responsibilities by sponsoring a dance, a bake sale, a raffle, or by approaching local businesses for support of their program.

The TAP coordinator should be aware of how and what he or she communicates to teens about his or her own ideas. Subtle negative reactions can squelch youths' energy and commitment to the project. If the TAP coordinator completely disagrees with the teens' proposal but it is a viable, acceptable educational approach, he or she should swallow his or her pride and let the youth proceed. For many, this is the most challenging aspect of a peer–education project. Overall, the more responsibility given to the youth (with proper direction), the more successful the program.

D. Recruitment of Youth

TAP members can be recruited through a variety of mechanisms, including word-of-mouth, flyers, applications, and interviews. The program should be portrayed in a way that will stimulate excitement and interest. During the first year of implementation, recruitment may depend on teachers, community members, or youth workers who can identify and enlist appropriate youth.

After the TAP program has become established, TAP members will be the most successful at recruiting other teens into the project. Since they can speak from personal experience, their peers will more likely become interested in the project.

Before you begin recruitment, you should consider requirements for participation. During the TAP pilot-test, schools that participated required that members have parental permission and maintain at least a "C" average in school. The youth-serving agencies recruited youth who displayed interest and leadership abilities. The information you receive when considering the needs of the youth in your community, (see "Preliminary Considerations" page 20) will be useful for identifying the target population you want to reach with the HIV/AIDS prevention messages. You may want to recruit youth who will resemble in race, gender, and cultural heritage, the target population for the TAP activities. As discussed in section A of this chapter, the circumstances of your organization may define your target population for you. In a school, the target population may be defined as the entire school, the younger grades or 9th and 10th graders. In a community youth-serving agency, the target population may be youth in a certain neighborhood, or all youth who participate in all programs within the agency.

You also need to consider how many youth should be in the TAP group. A group of 10 to 15 youths is probably optimal; it allows for flexibility and is manageable. Anticipate that during the program year, several members will drop-out for various reasons. This is the "normal" course for many peer groups.

After defining the target population, requirements for TAP members, and the number of youth needed, you are ready to circulate flyers, talk with community leaders, pass out applications, or set up interviews. Allow at least six weeks for recruitment if you are in a community-based agency and two weeks if you are in a school or organization where you have more ongoing access to your target population.

Permission Slips

For youth in schools and in some community-based programs, parental permission slips will be necessary. These slips will ensure that parents are informed and have approved of their child's participation. Permission slips also protect the program from any surprises from parents who did not know or approve of their child's involvement in TAP.

For groups that work with undocumented, runaway, homeless, street, or gay youth, parental permission slips may not be required.

Sample Permission Slip

I, _____ , give my permission for my son/daughter

_____ to participate in the Teens for AIDS Prevention

(TAP) peer program at _____ . I understand that he/she will
(agency/school)

be learning facts about HIV/AIDS and skills for protecting him/herself and

designing an educational campaign for other youth. I understand that

the TAP group will be meeting on _____ and _____ each week
(days of the week)

from _____ to _____ .
(time)

_____
(guardian's signature)

____ yes ____ no I am interested in receiving some HIV/AIDS materials.

____ yes ____ no I may be available and willing to drive TAP members to conferences, meetings, or presentations.

Endnotes

[1] Remafedi, G., "Homosexual Youth: A Challenge to Contemporary Society," *Journal of American Medical Association*, 258:222-225, 1987.

[2] U.S. Department of Health & Human Services, Public Health Service, "Report of the Secretary's Task Force on Youth Suicide," Washington, DC, 1989.

[3] *Ibid.*

[4] Remafedi, G., "Adolescent Homosexuality: Psychosocial and Medical Implications," *Pediatrics*, 79:331–337, 1987.

[5] U.S. Department of Health and Human Service, 1989, op cit. (see reference 2).

[6] *Ibid.*

[7] National Council of La Raza. *Getting Started: Becoming Part of the AIDS Solution*, Washington: National Council of La Raza, 1989.

IV. TAP Training

The training section is divided into fourteen 40–minute sessions arranged so that the information and skill development builds upon previous material. If your TAP program will have 90–minute meetings or more, you will be able to complete two or three of these sessions in one of your meetings.

The training includes a combination of information and skill-building exercises with five major goals:

- **To eliminate misinformation about AIDS and HIV infection, and to promote compassion for people with AIDS.**
- **To help teenagers delay the initiation of sexual intercourse.**
- **To ensure that teenagers who are having any type of intercourse use condoms consistently and effectively.**
- **To reduce experimentation with drugs, including alcohol, and to prevent intravenous drug use.**
- **To build a sense of youth empowerment and help TAP members gain the skills needed to educate their peers.**

1) Eliminate Misinformation

Most teenagers lack accurate knowledge about AIDS and the transmission of HIV. Many incorrectly believe that they can get the virus from food handlers and toilet seats, or from being in a room with gay people. Communities and school districts have had to confront unfounded fears about contagion from students, parents, teachers and, school employees. Misinformation has caused workers who care for people with AIDS to be shunned by family and friends. Education programs can reduce these fears by providing factual information about the disease and by fostering compassion for people living with AIDS.

2) Help Teenagers Delay

Teenagers must be encouraged to delay first sexual intercourse. For those programs working with young adolescents, this goal will be easier to achieve than those working with older youth, many of whom are already having sex. The average age of first coitus is now 16 in the United States; in some communities, the average age for boys is about 12. Teenagers are having intercourse at younger ages, and most have neither the cognitive nor the emotional capacity to handle the implications of sexual relationships. Teenagers need communication, decision-making, and goal-setting skills to delay sexual intercourse until they are emotionally mature and able to understand the potential consequences of sexual intercourse. To enable teenagers to delay intercourse, options for sexual expression other than intercourse must be encouraged.

3) **Ensure Condom Use**

Teenagers should use condoms each and every time they have intercourse. Condom use is low among American teenagers — less than one in four teens who have intercourse use them regularly. Teenagers need to be educated about condoms, including how to use them and where to obtain them. Correct, consistent condom use will help teenagers prevent pregnancies and the spread of sexually transmitted diseases, including HIV infection.

4) **Prevent Drug Use**

All AIDS education programs should warn teenagers about the dangers of drug use, especially intravenous (IV) drugs, crack, and alcohol. The widespread use of alcohol throughout the nation by increasingly younger teens requires that they may need to be taught about its effects. Teenagers need to understand that alcohol or drugs can impair their ability to make good decisions, especially in sexual situations; that some drugs may suppress the immune system; and that sharing any kind of needle puts them at great risk of becoming exposed to HIV through infected blood.

5) **Help Empower TAP Members To Educate Their Peers**

Teens are more likely to listen to someone their own age than to an adult. The TAP members, when given freedom and direction, will develop innovative and creative approaches to educating their peers. The program coordinator, working with the youth, should help them brainstorm and develop activities that work to reduce panic and misinformation, delay sexual intercourse, ensure condom use, and prevent injection drug use. TAP members will put their ideas into action after the training.

A. Training Objectives

- To increase knowledge about human immunodeficiency virus (HIV) and AIDS; to eliminate misinformation.

- To identify three ways to prevent transmission of HIV, the virus that causes AIDS.
  - — Abstaining from sexual intercourse.
  - — Abstaining from experimentation with drugs and alcohol, especially IV drugs.
  - — Adopting safer sex behaviors, including effective condom use.

- To increase communication and peer–pressure–resistance skills related to HIV and AIDS prevention.

- To develop compassion for people with AIDS.

- To identify resources for additional information about AIDS.

- To develop program planning and implementation skills and increase educational skills such as public speaking.

B. Key Concepts to Emphasize in the Training

- Everyone who engages in unsafe sex or IV drug use is at risk of contracting the human immunodeficiency virus (HIV) that causes AIDS.

- It is *impossible* to become infected with HIV by casual contact, e.g., touching someone with AIDS, or sharing food, using telephones, restrooms or swimming in pools that someone with AIDS has also used.

- Teenagers can virtually eliminate their chance of contracting HIV by abstaining from sexual intercourse and IV drugs. Teenagers need to develop skills for resisting peer pressure.

- Teenagers who choose to have intercourse must use condoms consistently and correctly during any type of intercourse. They should be encouraged to consider alternative expressions of sexuality.

- Teenagers can effectively reach their peers with HIV prevention and AIDS education.

Training Overview

SESSION	TITLE	TOPIC
I	Pre-Test to TAP and Control Group Introduction	Evaluation
II	Tap Contract and Ground Rules	Personal Values
III	Values Clarification	Personal Values
IV	HIV and AIDS Facts News on HIV Infection and AIDS	Information
V	HIV Infection and AIDS Vocabulary	Information
VI	HIV and AIDS Transmission Game and Rating Behaviors Exercise	Transmission & Prevention
VII	Have You Weighed Your Options - Sex & Drugs Condom Hunt-Homework	Transmission & Prevention
VIII	Preview Condom Hunt Interview-Homework	Communication Skills
IX	Review Interview	Protection Skills
X	Role Plays	Communication Skills
XI	Role Plays	Communication Skills
XII	Preparation for Person Living with AIDS	Personal Values & Communication Skills
XIII	Panel of People Living with AIDS	Practicum: Communication and Compassion Skills
XIV	Discussion PWA Post-test TAP & Control Group	Practicum: Protection Skills

Session 1

Pre-Test
Introduction to TAP

A. Pre-Test

Purpose:

- To gather baseline information on TAP members and control group's knowledge, attitudes, and behaviors related to HIV and AIDS. This baseline data will be compared to a post-test at the end of the training.

Materials:

- Copies of the pre-test (see Evaluation section) for the TAP group and for the control group. Each pre-test given to the TAP group should be marked with "T-Pre" and those given to the control group with "C-Pre."

Time:

- 25 minutes

Planning Notes:

- The TAP coordinator can administer the pre-test to the TAP and control groups at the same time or at two different sessions. These pre-tests, however, should be administered within the same week.

Procedure:

- Tell the group that this test will be kept confidential and that they should not put their names on it. The information gathered from this pre-test will be used to assess the effectiveness of the TAP program, not the group itself.
- After the pre-tests have been completed and collected, using the answer key in the Evaluation section, correct them and compare knowledge of the TAP and control groups. They should be similar. Note knowledge areas in which the TAP group had difficulties and make sure to stress these areas during the training.

B. Introduction to TAP

Purpose:

- To give the TAP group a clear understanding of the TAP program.

Materials:

- A VCR and an HIV/AIDS prevention video of your choice which promotes peer education. (See ***Resources for Educators*** in Section VIII for recommended videos.)

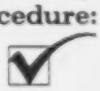
Time:

- 15 minutes

Planning Notes:

- Review "Introduction" pages 7–11.

Procedure:



- To begin the session, welcome everyone to the TAP program and introduce yourself and your role in the project. State the goals of TAP and emphasize the importance of the TAP members' full participation and their unique role in the development of educational activities. Then show the AIDS prevention video. Tell the group that this video will give them a sense of what other peer groups have done.
- End with when and where the next meeting will take place and an overview of the next meeting.

Session 2

Getting to Know Each Other
TAP Contract
TAP Ground Rules

A. Getting to Know Each Other

Purpose:

- To introduce TAP members to each other.

Materials:

- Index cards

Time:

- 20 minutes

Procedure:

- Ask that everyone pair-up with someone he or she does not know to learn four things, listed below, about the partner which he or she will then share with the group. Pass out the index cards to take notes on the person to be introduced to the group.

  1) Name, grade (if in school)
  2) Why he or she wants to be part of TAP
  3) Favorite food
  4) Something he or she likes to do during free time

- After 5 - 10 minutes, ask one person to introduce his or her partner.

B. TAP Contract

Purpose:

- To establish expectations of TAP group members.

Materials:

- Enough copies of the contract for each TAP member (see next page).

Time:

- 10 minutes

Planning Notes:

- Review contract and be prepared to discuss with group.

Procedure:

- Pass out the contract to each TAP member and explain that this is an agreement between each TAP member and the TAP coordinator to make a formal commitment to the TAP program and to the TAP group.
- Ask each member to read the contract.
- After everyone has read it, ask if anyone has any questions or comments about it. This contract can be changed to meet the needs of the group.
- Discuss and change the contract, if recommended and appropriate.
- After all changes have been made, have each person sign the contract and return it to you. You will sign each contract and then give a copy to each member at the next session.

TAP Contract

The TAP member agrees to:

1. Attend one meeting a week.
2. Be on time for each session and bring the materials needed.
3. Visit other places for arranged engagements.
4. Participate to the fullest in each session.
5. Serve as a resource to the school or agency for presentations to help train new peer educators; to be able to talk with newspapers, radio, or TV people interested in the program.
6. To learn with an open mind and to respect the ideas of others, even if they are different your own.
7. To discuss with the TAP coordinator any problems, concerns, suggestions or questions about the program.

The TAP coordinator agrees to:

1. Provide factual information and helpful exercises on sex education, teen pregnancy prevention, and HIV and AIDS education.
2. Be on time for each session.
3. Try to make each session as interesting as possible.
4. Respect the feelings of each member of the group.
5. Answer questions as honestly as possible.
6. Evaluate TAP members' participation.

My understanding and agreement to the above conditions is represented by my signature below.

_____ TAP Member

_____ TAP Coordinator

Date _____

C. TAP Ground Rules

Purpose:

- To establish an agreed upon appropriate code of behavior for the group.

Materials:

- Newsprint, tape, markers, and question box.

Time:

- 10 minutes

Planning Notes:

- Review Ground Rules list.

Procedure:

- Explain to the TAP group that because they will be discussing sensitive issues, a number of ground rules should be agreed upon by the group. Ask the group to come up with their own list of ground rules which they will agree to try to follow. List them on the newsprint. Suggest any from the list of ground rules that you think should be on the list.
- Keep this list on newsprint and in the room throughout the training and refer to it when the group is not adhering to the list. Eventually, other TAP members will begin to remind each other when some behavior becomes counter-productive to the group process.

Ground Rules:

1. ***Respect***—It is important to give your undivided attention to the person who has the floor.
2. ***Confidentiality***—What we share in this group will remain in this group.
3. ***Openness***—It is important to be open and honest but there should be no disclosure of others' (family, neighbors, friends) personal/ private lives; it is OK to discuss general situations as examples but not to use names.
4. ***Nonjudgmental Approach***—It is OK to disagree with another person's point of view or behaviors but not to judge or put down another person.

5. ***Nondiscriminating Approach***—It is important to be aware that members in the group may have different cultural backgrounds and/or different sexual orientations. The group should be careful about making insensitive remarks regarding such diversity.

6. ***Right to Pass***—It is always OK to pass, to say "I'd rather not do this activity" or "I don't think I want to answer that question."

7. ***Anonymity***—It is OK to ask a question anonymously if necessary (using the question box), and all questions will be answered.

8. ***Acceptance***—It is OK to feel uncomfortable; even adults feel uncomfortable when they talk about sensitive and personal topics like AIDS or sexuality.

Session 3

A. Values Clarification of Issues Surrounding Sexuality and AIDS

Purpose:

- To encourage teens to explore their personal values and to become comfortable with listening and understanding opinions different from their own.

Materials:

- Floor space; list of value statements (next page); newsprint for signs.

Time:

- 40 minutes to 2 hours

Planning Notes:

- Values education consists of four important steps:
  - — Helping young people to identify their values;
  - — Helping young people to feel comfortable sharing their values publicly;
  - — Helping young people to behave in ways that are consistent with their values; and
  - — Teaching youth that when educating other youth, they need to respect others' values. The activities in this session provide opportunities for young people to identify their values and to share them with their peers.
- Values education can be a sensitive area in which to work with teenagers. As young people express their values and learn about those of others, they may feel some anxiety or discomfort and will look to the TAP coordinator for support. Be sure to re-emphasize the ground rules that exist for all group activities, especially the following:
  - — Participants have the right to "pass" on any activity or part of an activity.
  - — It is all right to disagree with someone but not to judge or put them down (see Session II for a reminder of the ground rules).

Teaching Tips:

- Pay special attention when one or two teens express an unpopular or minority position and support their willingness to stand up for their values.
- If a particular position is not raised which you feel is important, it is your role to present it convincingly.
- When expressing your own position on any value question, make clear that it is your personal value and not necessarily the "correct" point of view.

Procedure:

- This activity will give the young people in your group a chance not only to express their values, but also to discuss the relative merits of different values. You might mention that people who value something feel good about what they believe in, are comfortable telling other people what they value, and act according to their values—they practice what they preach.
- Explain to the group that in this activity they will be asked to express their feelings about particular values. Designate three areas of the room to be called "agree," "unsure," "disagree" (you may want to put up signs to indicate them as such). Explain to the group that you are going to read several value statements; as you read each one, you want them to think very carefully about how they feel about each statement and then move to a section of the room depending on whether they "agree," "disagree," or are "unsure." Let them know that you will be asking for volunteers to describe their feelings about the statements, since one characteristic of a value is that a person can tell others about it. Emphasize that there are no right or wrong answers, only opinions. Everyone has a right to express his or her opinion, as long as no one is put down for having a different value. Be sure to mention that participants have the right to "pass" if they would rather not vote on a particular value (point out that "passing" is not the same as being "unsure"). Let them know also that they can change their vote at any time.

Value Statements

Here is the list of value statements to read from. If you only have 40 minutes, pick four or five statements you think will be the most important for the group to discuss.

1. The AIDS epidemic has changed my life.
2. I think that sexual intercourse is appropriate only between married people.
3. I am worried that I, or someone I love, will get AIDS.
4. Information about HIV infection and AIDS is changing so rapidly that I can't trust that it isn't spread through casual contact.
5. I think that homosexuals are responsible for the AIDS epidemic in the United States.
6. I think it should be a crime for anyone infected with HIV to have sexual intercourse without telling their partner.
7. I would be uncomfortable eating food prepared by a person with AIDS.
8. I think that it is important to educate youth about low–risk alternatives to sexual intercourse, including mutual masturbation.
9. Believing that condoms are 100 percent effective in preventing HIV infection gives people a false sense of security.
10. I think that giving injection drug users clean needles is a good way to prevent the spread of HIV.

Session 4

HIV and AIDS Facts
News on HIV and AIDS

A. HIV and AIDS Facts

Purpose:

- To provide basic information about AIDS.

Materials:

- Newsprint and markers or blackboard and chalk.

Time:

- 40 minutes to 2 hours

Planning Notes:

- Most teenagers have heard a great deal about HIV and AIDS, but many are confused by misinformation about transmission. Most teenagers do not believe that HIV will affect them, and in studies, most report that they have not changed their behavior. It is important to acknowledge that teens may know much of the information about HIV and AIDS, but that this is an opportunity to clarify any questions and confusion. Use of the "question box" is a very effective way to enable teens to bring up the issues which are most important to them, but are embarrased to ask publicly.

Procedure:

- There are several ways of getting this information to the TAP group—through discussion, video, brainstorming, and lecturing. After reading the following approaches, choose the one with which you feel most comfortable.

  1. **Facts Circle:** Begin by asking the group members what they have heard about AIDS. Have each teen share one "fact" he or she knows about AIDS. Gently correct misinformation. Phrases that can be useful in doing this include "Lots of people think that, but newer (more recent) information shows that...,". "It's easy to believe the sensational news items at face value, and many people do, but let's look at what this means," and "Let's look at how that fits in with

some of the other information we know." This activity works best when the leader is well known by the group. Weave in the key concepts as you discuss the teens' "facts."

2. **Video:** There are many good videos about HIV and AIDS that can serve as an introduction. "Changing the Rules" and "AIDS: Facts Over Fears, " are two of the best, but there are many other excellent resources to choose from (they are listed in ***Resources for Educators*** in Section VIII). Be sure to preview any video before showing it to the group. When showing the video, allow extra time for questions and discussion.

3. **Fact, Myth or Question:** Have the teens write a fact, myth or questionable statement on a piece of paper. Collect all pieces of paper and read each one aloud. Following each statement decide whether it is indeed a fact, myth, or a statement which requires further information. This is a good follow-up activity to reinforce prior information, or as an introductory overview with a well-informed group.

4. **Photocopy the HIV and AIDS Summary:** The following page lists some facts about AIDS and HIV. Have the group read and review it together while answering questions as they arise.

HIV and AIDS Summary

- The virus that causes AIDS is called human immunodeficiency virus, also known as HIV. People can be infected with this virus without having symptoms or being sick, yet they can still infect others by sexual contact or sharing needles. You cannot tell if someone is infected with HIV by looking at him or her. People who become infected with HIV will eventually develop AIDS. This can take as long as 10 years.
- AIDS is acronym for Acquired Immunodeficiency Syndrome. A syndrome is a group of symptoms, which is why AIDS doesn't make everyone sick in the same way. There are basically four different types of illnesses that people may get when they have AIDS—cancer, fungus, pneumonia and viral infections.
- The most common illnesses that people get when they are sick with AIDS are very uncommon in people with healthy immune systems. The virus that causes AIDS changes the immune system, allowing these illnesses to develop.
- AIDS is a very serious health problem in the United States. As of June 30, 1990, there were 139,765 reported cases of the disease, and 85,430 deaths. (Call 404-639-3472 for most recent statistics.)
- By the end of 1993, it is projected that 435,000 Americans will have been diagnosed with AIDS and 300,000 will have died.
- There is no cure or vaccine for HIV.

HIV Transmission

- The primary ways that HIV can be transmitted are:
  1) Through sexual intercourse of any kind with a person infected with HIV.
  2) Through the receipt of blood products from an infected person, primarily by sharing needles for IV drug use. Sharing needles for other reasons, such as tattooing, earpiercing, and steroid injections, may also transmit the virus.
  3) An infected pregnant woman can transmit the virus during pregnancy or childbirth to her child.
- Prior to 1985, some people were exposed to HIV from blood transfusions. Since then, the blood supply has been tested for HIV, and now only a minute number of people receiving transfusions will be at risk of infection. This risk is due to the presence of a time period (or "window") between actual infection and the point during which antibodies develop and can be detected in the blood. There is absolutely no need to worry about becoming infected with HIV by giving blood.

Testing

- There is no test for AIDS. There is a test to see if someone has developed antibodies to HIV in his or her body. If he or she tests negative for the antibodies, he or she is said to be "seronegative." People who are seronegative and later test positive for the antibodies are said to have "converted." If he or she tests positive for the antibodies, he or she is said to be "seropositive."
- People who are seronegative may have the virus, but may not yet have developed antibodies. Doctors estimate that the time from infection with the virus to antibody development may range from weeks to months. This concept is complicated, but important because it demonstrates how difficult it is to know if a partner is infected.
- Being seropositive is different from having AIDS. We do not yet know how many people who are infected with HIV will become sick with AIDS. Some experts think *all* people infected with HIV will eventually become sick with AIDS.

- For those who are seropositive, there are drugs, such as AZT and DDI, that will prolong their lives. Medical treatments for HIV infected individuals may eventually change HIV from an acute, fatal disease to a chronic one.

Casual Contact

- HIV is not transmitted through casual contact, such as touching someone with AIDS, sharing food, swimming in pools or hot tubs or using public facilities. There are no known cases of HIV transmitted by casual contact. Mosquitoes do not transmit HIV.

Protection

- Teenagers can protect themselves from HIV infection by abstaining from intercourse and injection drug use and by practicing safer sex. Safer sex involves using condoms during every act of intercourse. Everyone who is currently uninfected with HIV can stay uninfected. People <u>can</u> protect themselves.

Teens and AIDS

- While reported cases of AIDS among teenagers are less than one percent of all reported cases of AIDS, many teens are infected with HIV. Approximately 20 percent of all reported cases of AIDS are people in their twenties, many of whom were infected in their teen years (given that the average time between infection of HIV to the development of AIDS is 10 years).

- While HIV is already present among adolescents, very few are protecting themselves from it. Each year, approximately one million teens become pregnant and one in six becomes infected with a sexually transmitted disease. Among teens who are engaging in sexual intercourse, very few use *any type* of contraceptive consistently, and of those who do use them, even fewer use condoms.

B. News on HIV and AIDS (Ongoing activity)

Purpose:

- To help teens identify additional sources of information on AIDS and HIV and keep up with new information.

Materials:

- Newspapers and news magazines, TV and radio schedules.

Time:

- Ongoing — 5 minutes of discussion for each story

Procedure:

- During the TAP program ask the group to watch for media coverage on HIV and AIDS. Develop a bulletin board of recent articles on HIV and AIDS. Discuss the "findings" of the day's article or news story at the beginning of each session or specified sessions. Use the discussion points below. Suggest teens call a local or national AIDS hotline if they need help understanding the article.

Discussion Points

1. What is the *new* information in the story?
2. What new information does the story have about transmission or prevention?
3. Does the information change the basic prevention messages?
4. Was there any misinformation in the story? How reliable is media coverage on AIDS?
5. Does the article use the correct terminology?

Optional

1. Assign the group to watch an upcoming television special on AIDS. Discuss together.
2. For an ongoing group, you may want to start each discussion with a question, "What news have you heard about AIDS?"
3. The group may wish to develop its own newsletter on HIV and AIDS, or to think of some other way to spread the information to other teens in the community.

Session 5

HIV and AIDS Vocabulary

Purpose:

- To introduce the vocabulary about HIV and AIDS and to present methods for seeking additional information about AIDS.

Materials:

- AIDS–related word list, index cards, pamphlets on AIDS, telephone numbers of national and local hotlines, and health departments.

Time:

- 40 minutes

Planning Notes:

- Print words and definitions on separate index cards. Make sure there will be at least one index card for every student in the group. Keep words with their matching definitions until you are ready to distribute them. If the group is smaller than 10, you may want to list words and discuss definitions as a group.

Procedure:

- Tell the teens that HIV and AIDS education requires a special vocabulary. Distribute the index cards with words to half the group and the definitions to the other half. Have the teens with the words find the teen with the matching definition. Discuss each word and definition as a group.

Discussion Points

1. How does it feel when someone uses a word that you don't understand? When a TAP member begins conducting educational presentations, how will he or she ensure that the group knows the vocabulary he or she uses?
2. If they have questions about HIV and AIDS after the group ends, where would they go for information?

HIV and AIDS Vocabulary Word List

- abstinence
- AIDS
- anonymous test
- antibody
- asymptomatic
- AZT
- bisexuality
- carrier
- condom
- confidential test
- DDI
- heterosexuality
- HIV
- HIV infection
- homosexuality
- immune system
- injection drug use/ IV drug use
- Kaposi's Sarcoma
- latex
- latex condom
- mutually monogamous
- nonoxynol-9
- opportunistic infections
- Pneumocystis Carinii Pneumonia
- PWA
- safer sex
- seronegative
- seropositive
- spermicide

HIV and AIDS Vocabulary Word List With Definitions

abstinence	• Refraining from or not doing something; often refers to not drinking or having sexual intercourse.
AIDS	• Acquired Immunodeficiency Syndrome
anonymous test	• When no name is given so that no one knows who the person tested is.
antibody	• A specialized cell found in blood that kills a specific germ.
asymptomatic	• Showing no outward sign of infection.
AZT	• Zidovudine, a medicine which helps the body strengthen the immune system and can improve the health of a person with HIV infection.
bisexuality	• Sexual orientation to people of the same and opposite genders.
carrier	• A person who has a germ and can infect others with it.
confidential test	• When a name is given, but the information is kept secret.
heterosexuality	• Sexual orientation to people of the opposite gender.
HIV	• Human immunodeficiency virus
HIV infection	• Infection with the human immunodeficiency virus which may or may not make the person feel or be sick.
homosexuality	• Sexual orientation to people of the same gender.
immune system	• A system in the body that fights and kills germs and foreign cells.
Injection drug use/ IV drug use	• Taking drugs for non-medical purposes by injecting them into a vein with a needle and syringe.
Kaposi's Sarcoma	• A type of cancer once commonly found only in older men, now frequently seen in people of all ages infected with HIV.
latex	• A kind of rubber.
latex condom	• A thin rubber covering that fits over the penis and prevents the exchange of semen, HIV and other viruses or bacteria that cause sexually transmitted diseases.

mutually monogamous	• Describes two people who only have sexual relations with each other.
nonoxynol-9	• The chemical name for a common sperm-killing ingredient in contraceptive foam or jelly. Scientically proven to kill HIV—the AIDS virus.
opportunistic infections	• Infections which only happen when they have the opportunity to develop through a weakened immune system.
Pneumocystis Carinii Pneumonia	• A type of pneumonia caused by a germ that is present in all lungs, which can make a person very sick when she or he has a weakened immune system.
PWA	• Initials which represent a person with AIDS
safer sex	• A commonly used term describing sexual practices which minimize the exchange of blood, semen and vaginal fluids.
seronegative	• When a blood test for HIV antibodies shows that there are no such antibodies in the blood.
seropositive	• When a blood test for HIV antibodies shows that there are such antibodies in the blood.
spermicide	• A cream, jelly or foam that works to kill sperm.

Session 6

HIV Transmission Game
Rating Behaviors

A. HIV Transmission Game

Purpose:

- To increase awareness of how quickly AIDS and STDs can be spread and how they can be stopped. This exercise also illustrates effects of peer pressure.

Materials:

- Prepared index cards, enough for each group member.

Time:

- 20 minutes

Planning Notes:

- Prepare the cards by marking a few cards with a small "c" on the upper right corner and a few cards with "Do not participate. Do not talk to anyone." Mark one card with a small "x."

Procedure:

- Distribute one index card to each teen. Tell everyone to keep the special instructions on his or her card secret for the next few minutes, and to follow the instructions on the card. Ask everyone to stand and introduce him or herself to three people and ask each of those people to sign the card.
- When all the teens have collected three signatures, have them take their seats. Ask the person with the "x" on his or her card to stand up. Ask everyone with that person's name on their card to stand up. Ask everyone who has the name of a standing person on their card to stand up. Continue this way until everyone is standing, except for the designated non-participators.
- Now tell the group to pretend that the person with the "x"-marked card was infected with HIV and anyone who had this person's name on their index card had unprotected intercourse with him or her. Remind the teens that this is "pretend," that infections are not spread this way, and that these youth do not really have an infection.

- Now tell the group to pretend that the people with the "Do not participate" cards had chosen to abstain from intercourse.
- Finally, asking the group to continue the pretense, ask the teens to check if they had a "c" marked on their card. These people had used condoms and were not at significant risk. Have those teens sit down also.

Discussion Points

1. How did person "x" feel? How do you feel toward person "x"? What were the initial feelings of the teens who weren't allowed to play? How did those feelings change during the course of the exercise? How did the group feel toward them initially? And then later?
2. What makes it difficult *not* to participate in an activity that everyone else is doing?
3. How did the people who discovered they had used condoms feel?
4. Person "x" didn't know he or she was infected—how could we have known ahead of time?

B. Rating Behaviors

Purpose:

- To help identify means of HIV transmission and those behaviors that are safe.

Materials:

- Worksheet, "Rating Behaviors" (see next page).

Time:

- 20 minutes

Planning Notes:

- Review Leaders Resource (next page). Prepare four signs that say "definitely a risk," "probably a risk," "probably not a risk," and "definitely not a risk." Place them in four different places on the wall.

Procedure:

- Tell the TAP group that this exercise will help them understand which behaviors place them at risk for HIV infection and which behaviors will not. Read a behavior from the Leaders Resource list and ask the youth to stand at the sign that reflects what they believe. After reading each behavior discuss the following points:

  1. Why is this behavior risky or not risky?
  2. How do we know that casual contact does not spread HIV?
  3. What behaviors still need additional research? If a risk is uncertain, how can a person decide about that behavior?
  4. How can teens prevent transmission?

  Optional

  1. Have the group brainstorm a list of safe and safer sex guidelines for teenagers. Remember to emphasize the broad nature of sexuality as discussed in the Introduction. Examples of risk free activities include talking, touching, massaging, and dancing. Low-risk activity examples include vaginal intercourse with a condom and French kissing.

Leaders Resource - Rating Behaviors Worksheet

(Adapted from Stephen Sroka and Leonard Calabrese, "Educator's Guide To AIDS and Other STDs")

Behavior	Definitely A Risk	Probably Not A Risk	Definitely Not A Risk
Not having sexual intercourse (abstinence)			X
Sharing needles in IV drug use	X		
Intercourse without condoms	X		
Kissing			X
Getting a blood transfusion in 1988		X	
Donating blood			X
Using a public toilet			X
Using a public telephone			X
Shaking hands with a person with AIDS			X
Hugging a person with AIDS			X
Being coughed on by a person infected with HIV			X
Going to school with a person with AIDS			X
Being born to a mother with HIV	X		
Being bitten by a mosquito			X
Swimming in a pool			X
Sharing a toothbrush or razor			X
Sharing needles for ear piercing or home tattoos	X		
Intercourse with a condom	X		

Session 7

Have You Weighed Your Options—Sex & Drugs?
Condom Hunt-Homework

A. Have You Weighed Your Options—Sex & Drugs?

Purpose:

- To allow teens to evaluate the reasons why a teenager would or would not choose to have sex or use drugs (including alcohol).

Materials:

- Newsprint, markers, Leader's Resource Sheets (see next page).

Time:

- 40 minutes to 2 hours

Procedure:

- Introduce this activity by pointing out that failure to make good decisions about sex and drugs (including alcohol) is one of the reasons teens can be infected with HIV and/or experience an unplanned pregnancy as well as become infected with another sexually transmitted disease. In order to work effectively as peer leaders and educators, it is important to understand why teens have sex and why they experiment with drugs and alcohol. It also important to evaluate their own behaviors, since they will be role models for other youth.
- Pin up four different newsprint sheets with "Yes to Sexual Intercourse," "No to Sexual Intercourse," "Yes to Drugs," "No to Drugs." Ask each TAP member to write at least one reason why teens would make a decision listed on each of the newsprint.
- After each teen is finished, go back and evaluate the lists. Is the reason a "good" or "bad" reason in their opinion? Is the decision the result of a certain problem or situation? How do these reasons affect what type of educational approach the TAP group will take to try to influence the decisions that their friends make?

Discussion Points

1. Are there pressures that influence our decision to have or not to have sex? What are they (sex drive, media messages, wanting to be grown up, lack of communication about sex from parents and other adults, curiosity, lack of assertiveness skills)?
2. Are there pressures that influence our decision to use drugs and alcohol? What are they (need to fit in, curiosity, escapism, addiction)?
3. Is it difficult to stick to the decision not to have sex or not to use drugs? What can you do to follow through with that decision?
4. If a person decides to have sex, what does that person need to know or do in order to be responsible in his or her decision to have sex?
5. Is "responsible" drug use a possibility? How can you tell if a friend is "just having a good time" or is really dependent upon a drug?

Leader's Resource Sheet

Why Some Teens Have Sexual Intercourse

Pressure from peers
To communicate warm, loving feelings
To keep from being lonely
To get affection
To show independence and adulthood
To hold on to a relationship
To become a parent
To satisfy curiosity
Pressure from partner

Why Some Don't

Violates religious beliefs
Violates personal beliefs
Not ready
Risk of pregnancy
Risk of STDs
Don't want to jeopardize goals
Relationship with parents
Not "in love"
Not interested

Why Teens Experiment with Drugs

Pressure from peers
Stress
Loneliness
To feel comfortable socially
To show independence and adulthood
To hold on to a relationship
To escape from difficult situations
To satisfy curiosity

Why Some Don't

Violates religious beliefs
Violates personal beliefs
No need for them
Risk of losing control
Witnessed addiction
Don't want to jeopardize goals
Relationship with parents
Not interested

B. Condom Hunt

Purpose:

- To provide young people with the opportunity to obtain a condom without pressure; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves.

Materials:

- If desired, "Condom Hunt Survey" worksheet for each teen (next page).

Time:

- 10 minutes - to introduce

Planning Notes:

- Decide whether you want teens to obtain condoms or to complete the survey in writing.

Procedure:

- Ask the teens to go to a drug store, grocery store or convenience store and purchase a package of condoms. Stress that condoms should be latex and preferably treated with a spermicide containing nonoxynol-9. Tell them you will collect all condoms to use as instructional samples. (If possible, you can reimburse students for condoms.)
- Many communities have health departments, community or free clinics which distribute condoms without charge. Giving out the location or phone number of local resources could help teens obtain condoms free of charge. Be sure to tell the teens that there is **no** assumption that they are having sex or need condoms now. Rather this assignment will help young people in the future and might help a friend.
- If you choose to ask the teens to complete the worksheet instead of obtaining condoms, distribute the "condom hunt" worksheet to each teen, discuss what each question means, and ask them to return the completed worksheet for Session VIII.

Condom Hunt

Name of Store _____ Drugstore _____ Other ____

Address _____ Date Completed _____

Store Hours _____ Time Into Store _____

Name of Observer _____

ACCESS

1. Are there any signs in the store to identify family planning items?____ Yes____ No
   (go to 1a.) (go to 2.)

   a. If yes, what does the sign say?_____

   b. Time found: _____

   c. Are all the family planning methods in one place? ____ Yes ____No

2. If there is **not** a sign, what method(s) did you find first:

   _____

   a. Time found: _____

   b. Are all the family planning methods in one place?____Yes ____No

EMPLOYEE INTERACTION: "Can you please tell me where the condoms are?"

Employee:	____ Male	____ Female
Response to question:	____ Positive	____ Negative

LOCATION

3. Where are the **condoms** located: (CHECK ONLY ONE)

   __ behind the Pharmacy counter
   __ by the Pharmacy counter
   __ behind the check-out counter
   __ by the check-out counter
   __ with feminine hygiene products
   __ with men's personal hygiene products
   __ family planning section
   __ Other

4. Does the store have the following kinds of **condoms**:

Lubricated	____ Yes	____ No	____ Don't know
Non-lubricated	____ Yes	____ No	____ Don't know
With spermicide nonoxynol-9	____ Yes	____ No	____ Don't know

What is the lowest price for one package of three lubricated condoms?

Price: _____ Brand: _____

5. Where are the other family planning methods located? (CHECK ALL THAT APPLY)

____ behind the Pharmacy counter	____ with feminine hygiene products
____ by the Pharmacy counter	____ with men's personal hygiene products
____ behind the check-out counter	____ family planning section
____ by the check-out counter	____ Other

6. Does the store have the following kinds of family planning methods?

Foam	____ Yes	____ No	____ Don't know
Jelly	____ Yes	____ No	____ Don't know
Cream	____ Yes	____ No	____ Don't know
Sponges	____ Yes	____ No	____ Don't know
Suppositories	____ Yes	____ No	____ Don't know

7. Do they have pamphlets or information on STDs and/or AIDS in the store?

____ Yes ____ No (IF YES, take a sample with you)

Time Out Of Store: _____

Notes:

81

Session 8

Discuss Condom Hunt Interview - Homework

A. Condom Hunt Discussion

Purpose:

- To discuss the condom hunt homework and process reactions to the experience; to develop a list of accessible places where teens can obtain condoms; to help teens develop the skills to protect themselves.

Materials:

- Condoms for condom demonstration, if appropriate

Time:

- 30 minutes

Planning Notes:

- If you have decided that it is appropriate to conduct a condom demonstration but you feel uncomfortable doing it, invite a speaker from a local agency to lead this session.

Procedure:

- Ask youth the following questions to explore their feelings, attitudes, and experiences in this homework assignment:

1. Ask each teen to tell his or her story of finding condoms. Where did he or she go? Where were the condoms located in the store? How did they feel about purchasing or just looking for a condom?
2. Which stores displayed condoms so they were accessible? How much did the condoms cost?
3. What feelings did teens have in common about purchasing (looking for) a condom?
4. Compare the experiences of the boys and the girls. Were they different? Is it as "OK" for a girl to buy condoms?
5. If teens ever need condoms, how would they feel about getting them the next time?
6. Did anyone discuss the assignment with a family member? What type of reactions did he or she have?

Condom Demonstration

1. Review the correct use of the condom. Demonstrate with actual samples.

Optional

1. Show the film "Condom Sense." This lighthearted look at condoms is appropriate for older teens. 25 minutes. Available from Perennial Education Films, Inc., (1-800-323-9084).
2. Have teens develop a survey of local drug stores on accessibility of condoms. Assist them in compiling and publicizing the results.
3. Teens can form teams and survey a number of stores on over-the-counter contraceptive availability with a prize or special privilege going to the team which finds the "best bargain" or the "nicest store."

B. Interview About HIV and AIDS

Purpose:

- To provide young people with the opportunity to practice communicating about HIV/AIDS, correcting misinformation and teaching new information.

Materials:

- Copies of the Interview Questions (next page) for each TAP member.

Time:

- 10 minutes to introduce

Procedure:

- Explain to the TAP members that this assignment, to interview someone they feel comfortable with about HIV and AIDS, is to help them practice communicating about the subject. Role play how to approach someone and explain the interview.

HIV and AIDS Interview

"Do you have about 15 minutes to discuss a very important topic with me? We are studying HIV/AIDS in school/our youth program. I have a homework assignment to interview someone about AIDS. I would like to ask your opinion on some questions, if you don't mind."

NAME

RELATIONSHIP TO TEEN

DATE

1. Have you heard of HIV or AIDS?

2. When and where did you first hear of AIDS?

3. What do the letters AIDS stand for? What do the letters HIV stand for?

4. How big a problem do you think HIV infection is in our community?

5. How do you think people get HIV, the virus that causes AIDS?

6. Would you share a can of soda with a person with HIV or AIDS?

7. How do you think people protect themselves against the spread of HIV?

8. What is the difference between having AIDS and being infected with HIV?

9. Do you worry about getting HIV, the virus that causes AIDS?

10. Where would you get more information about HIV and AIDS prevention?

Session 9

Review Interview

Purpose:

- To provide young people with the opportunity to practice communicating about HIV/AIDS, to correct misinformation and teach new information.

Materials:

- A copy of the interview questions from the previous exercise.

Time:

- 40 minutes

Planning Notes:

- Be prepared for only a few of the TAP members to complete the assignment. If this happens, first discuss their experiences (note discussion points below) and gather any questions that were difficult for them to answer. Then break the group into pairs and have them interview each other, asking the questions on the sheet initially, but ask them to add questions during their interview.

Procedure:

- Begin the session with those who conducted the interview to discuss the following points.
  1. How were people chosen to be interviewed?
  2. What feelings did the interviewee have during the interview?
  3. Were some questions more difficult to ask than others?
  4. Did their interviewee have any misinformation about AIDS? How did it feel to correct it?
- If only a few youth completed the assignment, break the group into pairs to interview each other. Give approximately 10 minutes per interview. Ask the interviewers to try to "stump" the interviewee and to note which questions are difficult to answer. Bring the group back and discuss questions that were difficult to answer and demonstrate the best way to answer them.

Sessions10 & 11

Role Plays

Purpose:

- To provide teens with the opportunity to practice communicating about HIV/AIDS and drugs, to practice resistance skills to peer pressure, and to practice decision-making skills.

Materials:

- Leader's Resource Sheets and Practice Role Plays (following pages).

Time:

- 90 minutes

Procedure:

- Explain that role playing is an educational technique that allows people to take on the role of another person. They practice feeling, talking and acting like someone else. Role playing helps the players to increase their empathy for others and it allows the audience to observe how people deal with each other in difficult situations.
- Ask for volunteers from the group to play the roles in these scenarios. Give the role play situations to the volunteers. Tell the volunteers that the role plays must end with positive and realistic behavior for protection against HIV. Allow them 10-15 minutes to read over their situation, assume their "roles," and work out the role play. Visit with each group and discuss their ideas for the role play. Help them with the ideas if necessary.
- Ask the first group to act out their situation for a few minutes, then discuss the appropriate questions with the entire group.
- Repeat this procedure for all of the assigned role play situations. Discuss the points that follow this section, as appropriate, after each scenario. You may also conduct discussions where all the boys answer the questions while the girls listen and then have all the girls answer while the boys listen. This is a good way for each gender to hear the other's point of view.
- For roleplay G, special attention should be given to the issue of homophobia. Be prepared for homophobic reactions and to how counter them. If anyone in the group is gay, but has not come out to the group, the discussion of this role play will be difficult for him or her if it is not handled constructively.

Discussion Points

(To be answered between each role play)

1. How do the characters in this role play feel about themselves? Which characters are more likable?
2. Is there another way that the situation could have been handled?
3. Who is being affected by the decisions in the role play? Was everyone considered as the character made the decision?

(After all of the role plays are finished)

1. Which of the situations were the easiest? The most difficult?
2. How would it be to deal with these situations in real life?
3. What skills or information do you need in order to protect yourself from getting HIV? How could you practice those skills?

Optional

1. If a video camera is available, consider taping the role plays. Ask teens to comment on nonverbal as well as verbal messages.
2. More than one group can be assigned the same role play. Then after each one has been "performed," the discussion can focus on the dilemmas, options chosen, and different outcomes.

Leader's Resource Sheet

Practice Role Plays

A. *Actors*: One male and one female

Scene:

- Susan, age 14, and Mark, age 16, have been dating each other exclusively for four months. Neither of them has had sexual intercourse, although they are both beginning to think about it. Mark has been getting a lot of pressure from the boys to do it and begins to try to talk Susan into having sex, but she hasn't made up her mind yet. There has been no discussion about condoms, but Susan doesn't want to get pregnant and knows if they do have sex, they should use something. They are at Mark's house and his parents are out. Mark offers Susan a drink from his parents' whiskey supply. He has plans for the evening. They're sitting on the couch, when Mark gets up to mix two drinks and....

Discussion questions

1. What made up Susan's decision about whether or not to have sex?
2. Could/did alcohol have any influence on her decision?
3. Why did Mark try to pressure her? Did he really care about her?
4. If a friend was in a similar situation as Mark, what advice would you give him? What advice would you give Susan? How would you discuss sexually transmitted diseases, HIV, pregnancy...?

B. *Actors*: One male and one female

Scene:

- Sara, age 16, and Andrew, age 16, have been dating each other exclusively for six months. They have been having sexual intercourse for two months. They have always used a condom. They are at Mark's house and his parents are out. Mark has forgotten condoms but wants to have sex. They're sitting on the couch, watching a movie and....

Discussion questions

1. What are the variables/issues to be considered in making the decision?
2. Whose responsibility is it to assure that there are condoms available?
3. Should Susan and Mark take a chance just this once? What could be good and bad from each person's point of view? What might the risks be?
4. When does a relationship become "a long term mutually monogamous" one? How can you tell if your partner is monogamous? How can someone know if their partner is infected with HIV?

C. *Actors*: Two males

Scene:

- Carl and Sean are having a discussion after school. Sean is planning to have sex with his girlfriend, Tina, for the first time this weekend. She has gone on the pill. Carl is encouraging him to buy condoms, but Sean says he doesn't need to because Tina is using the pill.

Discussion Questions

1. How do you think Sean is feeling? Tina? How does Carl view each of them?
2. Why should teens on the pill also use condoms?
3. Was Carl pressuring Sean to use condoms? Was this positive or negative pressure? Can peer pressure be good?
4. Do many boys think like Sean? How can they be encouraged to use condoms?
5. If Carl and Tina were brother and sister, how might it affect this scene?

D. *Actors*: Four teens

Mike
- Gets good grades and is popular. He isn't sure what he'll do after high school.

Lee (male or female)
- Shy, just moved to the neighborhood. Used to do drugs, but has vowed to stop now that he lives in a new place.

Chris (male or female)
- Soccer and basketball team captain. Drinks on occasion.

Robin (male or female)
- Plays some sports with Chris, but studies and hopes to go to college. Hasn't tried drugs or alcohol and sometimes feels like the only one who hasn't.

Scene:
- The teens are in a kitchen at a party. There are no parents home. Mike takes out some crack and a pipe, asking, "Anyone got a light? Come on, don't be shy, this party is just starting."

Discussion Questions

1. What might make each character say yes? Or say no?
2. How would this be different if it were heroin and a syringe? How would it be the same?
3. If you never knew Mike used drugs, how would you feel if he offered it to you?
4. We all know that HIV isn't spread by smoking crack or sharing a pipe. How could smoking crack put one of these characters at risk for HIV?

E. Actors: Two females

Scene:

- Anna (age 16) is dating an older guy named Steven (age 21) whom she doesn't know very well but likes a lot. They started having intercourse last week and didn't use a condom. Her friend, Julie (age 16) is afraid the man might be using IV drugs and is worried that Anna may be exposing herself to both pregnancy and AIDS. She says, "You've got to tell him to use a condom."

Discussion Questions

1. How important is it for Anna to find out about her boyfriend's past and present—both sexually and with drugs?
2. Why might someone not tell the truth about what they've done in the past—both sexually and with drugs? Would loving someone change this?
3. What might make it difficult for Anna to discuss condom use with her boyfriend?
4. What should Anna do if her boyfriend says he doesn't like condoms?
5. How did you feel about what Julie was saying to Anna?

F. *Actors*: A male and a female

Scene:

- Anna decides to talk to Steven about using condoms. They are on their way back from a rock concert by Anna's favorite group. Anna decides that now is the time to bring up the issue of condoms...

Discussion Questions

1. How did Anna feel about bringing up the subject of condoms?
2. How did Mark feel about Anna's bringing up the subject?
3. How will this affect the future of their relationship?
4. Describe times or ways that might have made the discussion easier.
5. What are Anna's choices if Steven refuses to use condoms?

G. *Actors*: Two males and a female

Scene:

- Allen, Cindy and Brian are close friends. The prom is coming up, and Cindy and Brian are talking excitedly about their plans. Allen says he isn't going (he is gay and isn't interested in bringing a girl to the dance). His friends ask him why he isn't planning to go.

Discussion Questions

1. Would it be difficult for Allen to tell his friends he is gay?
2. Are teens in general supportive of gay friends?
3. How can myths and fears about homosexuality be reduced?

H. *Actors*: One male and one female

Scene:

- Ben has recently learned he is seropositive for HIV. He goes to a party where he is attracted to Terry. The attraction is mutual, and Terry invites Ben to go outside to the car.

Discussion Questions

1. What should Ben do?
2. What would it be like to tell someone you are seropositive for HIV?
3. What activities could Ben and Terry safely engage in?
4. What difference would it make if Terry was a boy instead of a girl?

Sessions 12, 13 & 14

Planning for a Panel of People with AIDS

Purpose:

- To help teens develop compassion for people with AIDS, and to reduce fears of casual contact with someone who is infected with HIV.

Materials:

- Question box.

Time:

- Three 40–minute sessions

Planning Notes:

- Personalizing AIDS will help the group deal with their fears and misconceptions. Teens need to understand that AIDS is a fatal disease with no known cure. People living with AIDS (PWAs) have a role to play in educating all groups of young people. They can dramatically portray the reality of living with AIDS, and help break through teenagers' wall of invincibility. It is important that leaders help teens develop compassion, rather than fear, for people living with HIV or AIDS.

Procedure:

- Invite a person living with HIV or AIDS to come speak with your class/group. There are 240 AIDS service networks which can help you locate PWAs who want to speak to audiences. The National Association of People With AIDS (202-429-2856) can also help direct you.
- Prior to the visit, review with the group, the evidence that casual contact is not a source of transmission. Discuss and reassure the group about any fears or concerns they may feel before the visit. Ask each teen to state three issues that he or she would like to learn from the PWA.

- Call attention to the anonymous question box for the pre-session to help address all concerns the teens may have but are afraid to voice. Together with the teens make a list of topics you would like included in the presentation.
- In some communities, fear and misinformation remain high, and parents as a result, may not want their child to meet a PWA. A permission slip (page 95) can be required for this session to avoid any potential conflict. The TAP coordinator should consider inviting parents to the program as well. Parents who do attend have the potential of becoming strong advocates for this program.

Session 13

PWA Presention

- Allow ample time for this presentation and its processing. We recommend one session prior to the visit and one session following. Ask the PWA to share "his or her story" with the group, and ask him or her to leave time for questions.

Session 15

Follow-up discussion

- Ask the group for reactions to the visit. Discuss what they learned. Ask them to write a letter to the PWA telling them what they learned from the visit.

Possible discussion questions

1) Did the speaker look like he or she had AIDS?
2) Did the speaker ever think that he or she would become infected with HIV?
3) Have your perceptions of AIDS changed? How so?
4) Do you want to invite the speaker back to conduct a presentation for a larger group?

Optional

1. If it is difficult to identify a speaker living with AIDS, use a video to personalize the issue. Two videos that would be appropriate are *Teen AIDS in Focus* and the *AIDS Movie*. The video *Teen AIDS in Focus* includes three vignettes of adolescents with AIDS and explores the emotional and psychosocial aspects of HIV, instead of the facts. *The AIDS Movie*: This video includes three vignettes with three PWAs. All of them have died since the filming. Allow ample time to process teens' feelings.
2. Parents and siblings of people living with AIDS can also be powerful educators. There is a video which is very good, but quite lengthy (50 minutes) entitled *Too Little, Too Late*. Medical professionals who care for people with AIDS can also offer personal responses to the epidemic.
3. Have the telephone number of a local AIDS service provider for teens who want to do volunteer work in this area.

Parental Permission Slips

Dear Parent(s) or Guardian,

The youth participating in the Teens for AIDS Prevention project will host a person living with AIDS in the next session. We take this opportunity to have you share any concerns you might have concerning the actual disease and invite you to attend with your student. Please sign and return by _____.
(date)

Thank You,

_____
TAP Coordinator

I give _____ permission to attend the session with a person living with AIDS.
(name of participant)

I do not give _____ permission to attend.
(name of participant)

I will attend _____.
(your name)

V. Development of Activities

This section outlines several approaches to facilitating a TAP group's activity planning and implementation. It also offers examples of youth-led activities designed and implemented during the TAP pilot-test in Washington, DC.

Once the training has been completed, the real work begins. This is the turning point in the TAP program, when TAP members take the lead and the program coordinator acts as a technical consultant to the group to help them keep on track and implement their educational campaign. The TAP coordinator will also act as a mediator to help the youth gain access to people and resources in the community or school needed to implement their plan.

As TAP members begin to formulate their plan, the TAP coordinator should be looking for local experts, if needed, to help teens successfully achieve it. The TAP group may need additional training depending upon what resources and talents the group provides and what activities it chooses to design. For instance, if the group decides they want to produce a video, you should contact local TV stations or media consultant and solicit free advice. You may find that someone is willing to conduct a free workshop on video production for the youth. If the youth want to design T–shirts with educational messages, contact local shops to solicit free T–shirts. Remember, as the TAP coordinator, you cannot do everything for the group but you *can* help the group identify resources when needed.

Session15

Prevention Messages

Purpose:

- To ensure that all members of the group have a unified understanding of the messages and skills they want to teach other students.

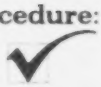
Materials:

- Newsprint, markers.

Time:

- 40 minutes to 2 hours

Procedure:



- The TAP coordinator facilitates the discussion. It is a "brainstorming" activity in which the TAP members throw out ideas without evaluating them. *After* the list is formed, each idea is evaluated by the group. At the end of the exercise, the group should come to consensus on the HIV prevention messages and skills that they want to communicate to their peers. These messages can serve as a proclamation for the group or as a set of policies that the group endorses and can then be photocopied and used as an educational tool. The following two lists are examples of possible responses. They are not exhaustive nor do they necessarily reflect what each TAP group will generate.

Possible Messages

- You're important, protect yourself.
- "Cool" people don't have to have sex or use drugs.
- It's not who you are, it's what you do.
- Condoms can be fun.
- HIV is invisible to the eye.
- Girls can carry condoms.
- Don't share needles.
- Teens can get HIV too.
- Just say "know."
- Cover yourself, use a condom.
- Stop the madness, learn about AIDS.

Skill Building

- How to say "no" without hurting someone's feelings or looking like a nerd.
- Where to get a condom.
- How to use a condom.
- How to negotiate the use of a condom with a sexual partner.
- How to clean "works."
- Where to get HIV testing information and counseling.
- How to resist peer pressure.

Session16

How to Get the Message Out?

Purpose:

- To help youth identify ways in which teens receive information and, where teens "hang out." Whatever activities the TAP group develops should be implemented where the activities can reach the most numbers of teens and in a medium where teens will be open to hearing the information.

Materials:

- Newsprint/markers or chalkboard/chalk.

Time:

- 40 minutes

Procedure:

- The TAP coordinator introduces the activity to the group by noting that they have received lots of information on HIV prevention, and have developed messages to communicate this to their peers. It is now time to begin developing ways to get that information and those skills out to their peers. But how?
- Ask the group to brainstorm about the sources where they learn information. Ask one teen to write the ideas on newsprint in front of the group. Following the brainstorming, review the items listed. Through discussion, determine three important messages to communicate to other youth. Also discuss the media the group would like to use to communicate these messages.

  1) Brainstorm - through what media do or can teens receive information (15 minutes).

Possible Mediums

friends	advertisements—radio, TV, public
videos	transportation
teachers	music concert
TV	health clinics/doctors/nurses
radio	theater
church	hotlines
posters	assemblies
movies	buttons/bumper stickers
T–shirts	fast food restaurants

2) Brainstorm—where do teens hang out (either in school or in the community—15 minutes).

Possible Locations

Schools	Community
cafeterias	certain stores
lockers/hallways	restaurants
football/basketball games	malls
outside grounds	playgrounds/parks
homecoming parades	

Session17

Developing Working Groups and a Plan

Purpose:

- TAP groups may have several different activities to plan that can be neatly divided among their interests, for example, "rap," theater, or organizing an event. This session will help organize the TAP participants into working groups where they will develop and plan their educational activities.

Materials:

- Paper and pens for the group.

Time:

- 40 minutes

Procedure:

- Ask each TAP member to take out a piece of paper and write down their skills and interests (e.g., to "rap," to act, to write, to draw, to play sports, to teach, to sing). Ask each member to write his or her name on the list and collect it. Take the list and place youth with similar interests in small working groups; within these smaller groups, the teens can develop one or more activities.
- The working groups should meet while developing and implementing the activities. They should be encouraged to plan their activities ahead of time in an organized way. Ask each working group to fill out an Activity Planning Sheet (next page) by the next meeting. The TAP coordinator should review the plan with each working group and provide direction and feedback to strengthen the plans when appropriate. The working groups should then present their ideas to the entire group for further discussion and recommendations.

Activity Planning Sheet

The goal of the activity is:

Describe the activity:

What is/are the main message(s) that will be conveyed?

What skills will the targetted learn (if applicable):

How many youth will be reached:

Date this will be implemented:

Place:

This activity will be approved by:

Materials needed:

Tasks to be Completed:	By Whom:	By When:

Estimated budget:

Examples of Activities

Here is a list of activities that the TAP pilot-test groups completed or that other peer groups have developed. They may serve as ideas for your group.

Buttons

- Ballou Senior High School and Wilson Senior High School in Washington, DC, developed buttons with HIV prevention messages. They gave these buttons to their friends and acquaintances. The buttons served as an informal medium for the TAP members to communicate about HIV and AIDS with their friends. The buttons said:
  - "Just Say Know
    Teens for AIDS Prevention"
  - "Ballou Says Stop the Madness
    Learn About AIDS"
  - "Cover Yourself"
    (with a picture of a condom)

Bulletin Boards

- At Wilson Senior High School, a bulletin board located in a busy hallway was covered with the latest HIV articles from newspapers and magazines. Posters and HIV prevention messages can be posted on bulletin boards as well as hotline numbers for additional information. Some of the most commonly asked questions about HIV and AIDS and the answers to them can also be posted. Information for the bulletin board can be gathered during the TAP training.

Advertisements/Posters

- The advertisement, reproduced on page 108, was developed by Wilson and Ballou TAP students, and a Washington, DC public relations firm hired by the Center for Population Options. It was placed in six District of Columbia high school newspapers. TAP students can develop advertisements of their own and list local HIV prevention and AIDS information hotlines numbers. Or, TAP students can use this ad and put their local hotline number over the D.C. hotline number listed. The advertisement can also be xeroxed and placed in school hallways, on telephone poles, and on community bulletin boards.

If you're old enough to have sex, you're old enough to get AIDS.

Like most teenagers, we used to think AIDS was just an adult problem. But the fact is, if we're having sex, we can become infected with the virus that causes AIDS.

Today, more than one in five people with AIDS are in their twenties. Because of the long latency period for the virus, many of these people probably were infected as teenagers.

It doesn't matter if you're straight or gay. AIDS can be spread through any kind of sexual intercourse. Also, people who do drugs can get AIDS by sharing needles.

So what can you do to prevent AIDS? Waiting to have sex is your best protection. If you *are* having sex, use a condom, each and every time. Don't experiment with drugs and *never* share any kind of needle.

Now that we're old enough to get AIDS, we're old enough to do something to prevent it.

Today's most important fact of life is you can protect yourself.

If you have questions, call for confidential answers.

D.C. AIDS Information Line
332-AIDS
V/T.D.D.

This ad paid for by Teens for AIDS Prevention, a project of the Center for Population Options.

- Posters, like advertisements, get a prevention message out through a visual presentation. Encourage TAP members to design and draw posters incorporating the latest street lingo. The posters can be placed in school hallways, on community bulletin boards, in local record stores, or fast food restaurants—wherever youth hang out in the neighborhood. Poster contests can also be sponsored by the TAP group, with prizes donated by local merchants.

Assemblies

- Bringing together large numbers of youth can be an effective way to draw attention to the issue of HIV infection or AIDS. These assemblies can be extremely powerful if a person with HIV or AIDS (preferably a person who was infected as a teenager), speaks from his or her personal experience. The National Association of People with AIDS (202) 429-2856, a national coalition of people with AIDS, can give you the telephone number of the closest affiliate in your city.
- Teen speakouts, in which teens discuss why they feel it is so important for their age group to think about HIV and avoid risk behaviors, can also be useful at assemblies. Videos and movies (see *Resources for Educators*, under "Resources") can provide technical information to supplement the personal information provided by the teens. Entertainment, such as educational "skits" or raps, can also excite and interest an audience to learn more about HIV and AIDS.
- If you are showing a video to more than 40 youth, make sure to have more than one monitor. If the youth can not see or hear the video very well then it will be ineffective. Remember, well thought out logistics will lead to success while no thought will lead to chaos.

Theater Skits

- Skits provide a useful medium for opening a discussion about teens' feelings about HIV and AIDS—feelings of invulnerablity, homophobia, and confusion about becoming an adult.
- Both Wilson and Ballou TAP students developed skits and performed them at school assemblies. The skits dealt with the misinformation many youth still have about HIV and AIDS. Other themes that can be developed in skits include how to say "no" to having sexual intercourse without feeling stupid, how to talk about condoms with a partner, peer pressure to use drugs and have sex as well as other pressures teenagers feel in their lives, and a teen's facing whether or not to get tested for the HIV antibody.

"Raps"

- For youth who love to write and perform "raps," developing one on HIV and AIDS can be a powerful educational tool. Several raps were written during the TAP pilot-test and performed in front of students, teachers, parents, and professionals. "Raps" can also be performed or played on the radio, a powerful medium for reaching adolescents. The TAP group can sponsor a rap contest with prizes donated from local merchants.
- Four examples of "rap" songs developed by TAP members follow, one of which (Stupid Cupid) won first prize in a local Rap contest.

AIDS Rap

"Stupid Cupid"

by Alexander Frisby, Ballou Senior High School

Stupid Cupid's not a name, it's an adjective
That's used to describe the way people live.
Stupid Cupids are boys or maybe girls
And they are spread all over the entire world.
Stupid Cupids are people who like to sleep around
They want to get to know every girl or guy in town.
But sooner or later something bad will happen
And that is the reason that we're here rappin'.

The first Stupid Cupid happens to be a boy
Whose goal in life was just to enjoy.
Sure he went to school, tried to be cool.
But what happened to him made him look like a fool.
He booked at least one girl every day of the month
'Cause he was like a vulture that was on the hunt.
If he ever missed a day he would just ignore it
Booked two the next day to make up for it.
Every chance he got he was hittin' the hay
But he wasn't alone, do you hear what I say?
He had all kinds of girls from all kinds of races
And went to the clinic on a regular basis.
One time he went and the doc told him
That he had V.D. and chance was slim.
But even with slim chances he was cured
But only by luck you can be assured.

So in a couple of days Stupid Cupid was back
And of course he had to keep up with his act.
But once again, he was feeling wrong
And went back to the doctor quick and strong.
The doc told him because he got laid
He's acquired the disease we call AIDS.
"I'm going to be straight with you no lie.
There is no cure so you just might die."
So in six years his debt was paid.
Because this Stupid Cupid just died of AIDS.

Stupid Cupid died because of AIDS.
But you can catch AIDS from more ways than
getting laid.
IV drugs and blood transfusions,
But lately the doctors check the blood they're using.
The biggest way to catch AIDS is sexual acts
With so many people that you can't keep track.
So if you want to have sex you should have it with
one.
But it would be better if you had it with none.
'Cause every time you drop your pants,
You're taking a chance.
So remember to use protection when you want to
dance under the sheets.
But if you didn't get laid, you'd lower your chances of
getting AIDS.

HIV Rap

"It Kills"

Brian Bess, Ballou Senior High School

Acquired Immuno Defiency Syndrome,
I'll tell you straight up people it hits home.
It hits you hard and slow you know you're done for,
No rejoicing or praying, you know the score.
I mean you can have AIDS you say you doubt it,
Him or her with AIDS think about it.
I wanna milk this subject like I would a cow,
No ignorance needed just listen now.
Can you catch a disease by just shaking hands,
From toilet seats from meats from touching,
No you can't.
You should know shooting up would do you harm,
Injecting dope and disease right up your arm.
I mean I pack me a rubber like it's a lucky charm,
So put your sex in check or else Joe you're gone.
Because it can't be contained, it'll spread around,
You're the problem won't solve 'em let me break it down.
You thrill,
You spill,
You're ill,
Fulfill,
Then try to chill,
Now write your will because it KILLS.

Human immunodeficiency virus,
You have to take it high like Osiris.
CPO and we will educate thee,
On the do's and don'ts of A-I-D-S.
I want to express,
The negative tip that's coming from the rest,
Who thinks a subject like AIDS is just a gay click,
You're disillusioned, you're being stereotypic.
The needle drug users, the over abusers,
Are subject to AIDS and the accusers.
Male or female, gay or straight,
The AIDS virus doesn't discriminate.
To quote and unquote K.R.S. for a while,
You just can't trust a big butt and a smile.

Not to be contracted from a kiss or cold sore,
Not to be given through the sweat of your pores.
Now that you know some information, some scores,
And if you wish it, I'll tell you more.

You see Black, Latin American, White or lets say
Haitian,
With this deadly virus, no discrimination.
A baby's first wind soon to come to an end,
You wanna know why let me tell you my friend.
Mothers over abuse 'em, fathers just reuse 'em,
Shooting up I.V. drugs because it soothes them.
Invite five more people, not too amusing,
But when the virus pops up they start accusing.
But what about the baby who did no wrong,
Not the one who hears the rattle, but hears the
death song.
I mean now would you beat your baby until it was
dead?
Uh-Uh, I didn't think so, so why don't you use your
head.
Whip out some serious protection,
Every time you get an erection.
Before you are the only man to have a yeast infection
my friend.
So please go out and learn the deal,
Or write your will, because it KILLS.

"Contraceptives"

Alexander Frisby, Ballou High School

Now we are here to let you know,
About what you can buy while you're at the store.
You see, it doesn't cost much, at least to my
knowledge,
But you may just need them, way before college.
This is directed to all of the boys,
Now what I'm talking about is not a toy.
It's a C-O-N-D-O-M,
A contraceptive, not for her but him.
You see, the condom is easy to use,
One size fits all, have you heard the news?
It will protect you from STDs,
And also help prevent teen pregnancy.
So keep the contra - ceptives,
Contra . . .what're we talkin' about?
Contra - ceptives,
Especially the rubbers,
'Cause we're talkin' to the brothers.

Now girls, oh you look so fine,
But some guys only have one track minds.
They want to get you in their beds and have their
fun,
And if you get in trouble, they're on the run.
So if the guy you're with doesn't use a condom,
Tell him to his face even though you're fond of him.
If you don't want to use it, O.K. that's fine,
But you won't be touchin' this body of mine.
Keep the contra - ceptives,
What're we talkin' about?
Contra - ceptives,
Especially the rubbers,
'Cause we're talkin' to the brothers.

Contraceptives are used to protect you,
From those you've slept with,
Myths be gone and let the truth shine,
About AIDS, some facts float within peoples' minds,
You can't catch AIDS from kitchen utensils,
Huggin' or rubbin' peoples' clothes,
Or pencils or bathroom accessories.

Listen to lesson three,
Payin' attention? You better be.
And if you're not and it's happenin' more often,
You'll leave your promiscuous life for a coffin.
Did you hear what I said?
AIDS is puttin' heads to bed.
So keep the contra - ceptives,
Contra . . . what're we talkin' about?
Contra - ceptives.
Especially the rubbers 'cause we're talkin' to the brothers.

Let me tell you of a personal experience,
It's somethin' a girl said that didn't make sense.
"Forget the jimmy hat, I'm lookin' for the real thing,
I want what we do to be the natural swing."
And I said, "Nope, not without the rubber.
I don't care if it makes me square just 'cause others won't,
I'm gonna get smart and protect myself.
'Cause this little packet is 99% help."
Best believe I'm speakin' of the condom,
I would employ the product whenever I was bondin'.
That's why I don't need the trip to the doc,
And I don't need the three day penicillin shot.
I keep the contra - ceptives,
Contra . . . what're we talkin' about?
Contra - ceptives,
Especially the rubbers, 'cause we're talkin' to the brothers.

"City Under Siege"

by Brian Bess

The subject for discussion is something serious,
My buddy killed his brother,
I tell you there is no need for this,
In our city,
It's just a pity.
How we're shootin' each other down,
We're bein' in the hit kiddy.
It's not a card game, but it's a part of your life.
How do you feel with someone selling drugs to your wife,
Or relative?
You only got one life to live.
I'm here pumpin' you 'cause handin' you the knowledge I give,
So leave the piping alone and stop missing the beat,
'cause I'm living in a city under siege.

Well listen up, I want to school you,
Yo, here's the info,
About the District, the murder capital.
Yes, I'm a victim, also a resident,
City under siege, home of the President.
Babies having babies at the age of fourteen,
Brothers spraying brothers like Afro Sheen.
You see the mayor, a major player,
Takes a vacation. Returns home to a drug allegation.
Formed by the media and the community,
We're selling out. Where the hell's the unity?
Our city gets more corrupt each day and night.
You're not illiterate, I know you know wrong from right.
There's no shame to the game, and you best believe,
We're a city under S-I-E-G-E.

A city under siege, believe this won't cease,
Unless those within start practicing peace.
Instead of one another killin' each other,
Oh brother, watch the news and you hear about another,
Drug related murder - you've heard of suicide,
Well D.C. is dying from the inside.
Some people pass the blame onto Maryland,
Sayin' that those who do it are coming in.
Want to turn this into a technical hysteria?
Call it the metropolitan area.

That includes the immediate surroundings,
Look at statistics, they are astounding.
We have as many murders as days in the year.
And you wonder why tourists are fleeing in fear?
Wouldn't you if your life was in danger,
Coming into a town where you're a stranger?

Let's talk, why do Washingtonians do it?
Find a life of crime and pursue it.
They know right from wrong, but their priorities are crooked.
When the crossroads came, the left road they took it.
Now they're walking the fast lane,
Livin' the fast life,
Making fast money,
Very seldom have the strife,
What they don't know is that the road is not fast.
Naw, it's just short and when it ends, you pass.
We got a choice, to make.
They don't want to take the time,
To make a name for themselves
Thinkin' the only way to do it is to gain great wealth.
They got the money, got the honies, have a "Z" for a car,
But what they fail to realize is that they won't go far.
'Cause when you deal with injustice,
Injustice will deal a short life.
You know your fate is sealed, whether big time, small time,
Or the time you score.
Knowin' sooner or later you're at the end of your rope, dope.
Finished, soon to come to an end,
From the Oozie, 12-gauge, 45, Mac-10.
When?
Dependin' on the drugs to support your own,
Dishin' out your product on a cellular car phone.
Your pep is in step, but your clout is in doubt,
So you're runnin' with the quickness,
Face to face to a "jump out."
You're cryin' about your product,
'Cause it's now goin' south,
And on the way home,
You get a full clip in your mouth.
We don't proceed to heed, or lead,
We just succeed to bleed.
We need to be free,
'Cause we're a city under siege.

Formal Presentations

- The TAP group can develop formal educational presentations to be given within a school or community youth groups. These presentations could build from some of the exercises in the training section or the youth could design a presentation of their own. Encourage the youth to cover the essential information, but also to include interactive exercises, to keep the presentation interesting and to allow the audience to develop relevant skills.

Articles in School, Community, or City Newspapers

- For those youth who love to write and want to develop their journalistic skills, encourage them to write an article on HIV and AIDS, as it relates to adolescents, and place it in their school newspaper, or write an editorial and send it to the local newspaper.

Essay Contests

- The TAP group can also run a local essay contest on HIV and adolescents. Local merchants could be approached and asked to donate prizes for the contest. Winners could be announced in the local newspaper and a special ceremony planned for them.

Development of Educational Material, Pamphlets, Videos

- Materials developed by youth are often the most appealing to youth. If those in the TAP program like to draw, have experience in working with a video camera, or have access to someone who can teach them, developing a pamphlet or video may be just the right activity.
- While directing the youths' efforts remember to have them clearly list the prevention messages and the target population before jumping into the development of the materials. All materials (pamphlets or videos) need to be pilot-tested before releasing them. The videos or pamphlets should be shown to youth in the target population and evaluated for their ability to communicate the prevention messages effectively. Good materials go through several revisions before they are finally released to the public, so be sure to allow at least two to three months for their development. The pamphlet developed by the Center for Population Option's Teen Council, "Advice From Teens on Buying Condoms," went through two revisions before it was finally released.

VI. EVALUATING THE TAP PROGRAM

This chapter provides a step-by-step guide to planning an evaluation strategy for your TAP program. Many program planners and implementors think of evaluation as the collection of a lot of information they may never see again. However, when designed correctly, evaluation becomes a practical tool providing information about which program components work and which do not and, in turn, can become the basis for modifying and strengthening the program. Evaluation also serves the purpose of making your program responsive to funders and supporters in the community. Evaluation can be quite complex, but it need not be. This chapter provides some material and strategies for conducting simple evaluations, even for those with no previous experience. For those who want or need more sophisticated program assessment, we offer an overview of where to find more information or a trained evaluator to help. This chapter describes how to:

- plan your evaluation strategy;
- conduct process and impact evaluations;
- get additional information and technical assistance.

A. Planning Your Evaluation Strategy

An evaluation plan should be a part of your overall TAP implementation strategy. Start planning your evaluation strategy at the same time that you begin developing your program (see Chapter III). The objectives you set for the TAP program will be the same objectives used to structure the evaluation. Make your objectives specific by including numbers or percentages, dates and locations, and the kind of activities involved. This detailed description of what you plan to achieve will guide you throughout the evaluation.

Evaluation is a means of discovering the achievements of a program. Evaluation provides feedback on the program's progress and measures the program's impact on the **target populations**—both the TAP members who are trained as peer educators and the youth who are educated by the TAP members. The following four steps will help you devise and implement a workable evaluation plan that can be a direct benefit to your TAP program:

Step 1: Review objectives and decide what to measure. Are the program objectives clearly stated and are aspects of the objectives measurable or quantifiable? If so, you will easily complete this step. For each objective, ask yourself, "How will I know when this objective is fulfilled?" The answer suggests what you should measure. If an objective does not specify what should be measured, consider its purpose for helping to meet program goals, then re-word it so that it does specify what should be measured.

Step 2: Collect measurements (also referred to as information or data). Use simple forms whenever possible, for example, when writing field notes or taking attendance (these are described later in this chapter). It is important that measurements get collected when an event or activity actually happens. Many types of information cannot be collected after the fact. If you want to know how many youth attend a TAP presentation, get a head count—you cannot do this later.

Step 3: Analyze the data collected. Data analysis provides a summary of the information you have gathered, illustrates the overall picture, and allows for comparisons of data from different groups within your target population. Use simple forms of analysis, such as counts (frequencies) and percentages. For more complicated comparisons, plan to get help from a trained evaluator.

Step 4: Apply the information you have gathered. The results of your evaluation will help you recognize areas of the program that are effective and pinpoint aspects that need modification. The way you use your results will vary. The critical point is that you study your results, compare them to your expectations (as stated in your objectives), and reexamine your programmatic activities—then institute changes that will improve your TAP program.

A look at two possible TAP objectives will help illustrate how the process works. Two training objectives could be stated as follows:

- Ten TAP peer educators will be trained during ten weekly, two-hour sessions beginning (date);
- TAP members will be able to list three methods of preventing HIV infection at the end of the training sessions.

These objectives require attendance information for each session and a final assessment of each member's knowledge of prevention methods. The TAP coordinator could record meeting attendance on a roll sheet and then conduct an examination at the end of the training to determine how many TAP members know three methods of preventing HIV infection. At the analysis stage, average attendance for all sessions could be calculated, as could the number and percentage of TAP members who correctly listed three prevention methods. If the results are not satisfactory and attendance was low, the TAP coordinator could modify the program to encourage participation. Similarly, if TAP members could not identify three HIV prevention methods, a review session could be added that would stress the importance of methods that were not initially listed.

B. Strategies for Process and Impact Evaluations

The two sample objectives above are, respectively, examples of process and impact evaluation. *Process evaluation* involves measuring the success of program implementation while *impact evaluation* measures the effect of the program on the target population (in this case, the TAP members). Both types are important for assessing the TAP program.

1. Process Evaluation

In process evaluation, simple measures are used to gather information on the progress of the TAP program as it is implemented. Process measures should be developed to track each component of the program, from development of community support, through training of peer leaders, to administration of the actual intervention activities. With information from a process evaluation you can identify and replicate successful program components. You can also use information from a process evaluation to identify problem areas and make the necessary revisions. Use the four steps listed below to plan a useful and manageable process evaluation.

Step 1: Review objectives and decide what to measure.

- The best way to do this, as emphasized above, is to select process objectives during your initial program planning stages. It is best to start with simple ones like the following:
  - — Twenty students will be recruited by September 8, and trained by January 1, to participate in TAP peer education activities for the 1990-1991 TAP program.
  - — TAP training will be held for three hours every Monday from 4:00 to 7:00 p.m. in October and November at the Main Street YMCA.
  - — Three HIV prevention workshops will be held between February 1 and April 30.
  - — 1,000 AIDS/HIV fact sheets will be distributed at the Teen Festival in August.

Step 2: Collect measurements.

- Collecting information need not be burdensome if the appropriate systems are planned ahead of time. Have tools or systems prepared and individuals designated to be responsible for collection and storage of information.
- Simple forms can be developed as tools to record most of the information you will need. Simple, easy-to-use forms such as the following examples can yield powerful process evaluation data:
  - — Timelines. Use planning calendars or planning charts that plot program activities by the week or month (see samples in Getting Started Section) to compare the actual timing of activities to the original plan.
  - — Attendance sheets. If you are interested in the retention of peer educators in your program, take attendance or count at each session. Attendance sheets simplify retention records and avoid problems with maintaining stray scraps of paper.
  - — Field notes and reports. Similarly, simple protocols should be developed to standardize the information collection process from TAP sessions. The field notes form (see page 126) provides a convenient system for gathering information from individual TAP sessions. Forms should be kept in one file or notebook for easy access. Periodic reports on the progress of the program should be prepared, filed for reference, and submitted to a supervisor, if appropriate.
- Assign data collection responsibilities to appropriate personnel. For example, have the TAP coordinator take attendance and fill out field notes after each session, or assign peer educators to count participants at each presentation they give.

Step 3: Analyze the data collected.

- Analyzing your data increases the utility of the information you have collected. Process measurements can often be assessed by making comparisons between expectations and actual program activities. Compare field notes with the program plan and record any changes in the plan and the reasons for them. Pay particular attention to the outcome of training exercises, the conclusions of group discussions—any areas that will help you both improve the program and continue program activities. Summarize attendance figures noting growth or attrition among the TAP members. Compare timelines, work plans, and budget projections to the actual dates, sequence of events, or amounts spent.

Step 4: Apply the information you have gathered.

- Process evaluation can help you redirect the program in midstream. Don't wait until the training has been completed to find out that the training schedule was not followed. Review the original curriculum as you go to discover how close it is to the plan and what can be done about any discrepancies. For example, suppose that your agency has decided that condom use is a key area of training for the peer educators, but the session on condom use is scheduled for the last week of training and the training is running about two weeks behind. If you are tracking the schedule of topics as you conduct the training, you can revise the schedule to insure that the condom use segment is presented, or find an alternative means of getting all the information you want into the remaining training sessions.

Field Notes

Date _____ Session _____

Name _____

Briefly describe the training session or the education session (e.g. place, goal, activities).

_____

_____

_____

Number of members present _____

Number of other youth present _____

What was successful about the training session or activity?

_____

_____

_____

What needs to be revised to make it more successful?

_____

_____

_____

_____

2. Impact Evaluation

Evaluating the *impact* or effectiveness of the TAP program has two distinct phases, one measuring the program's impact on the TAP group itself and the other on *their* target audience. Impact evaluation can be much more rigorous and can seem more complex than process evaluation, but if the appropriate tools are provided and a strategy determined when the program is initially planned, the evaluation can run smoothly. Use a simple plan when the TAP coordinator, TAP members, or other existing staff must conduct the impact evaluation. The following information walks you through a four-step approach for planning this type of assessment.

Step 1: Review objectives and decide what to measure.

- As with the process evaluation, objectives for the impact evaluation should be measurable and should be derived from the overall program goals. Impact objectives should state what the program will do for or with the target population—in other words, the outcomes to be produced by your program. Objectives should be stated for both the TAP training and the TAP program activities. Impact objectives need not be limited to knowledge, attitude, or behavior change. Thus, the objectives for the TAP training focus on the knowledge and skills gained by the TAP members, while the objectives for the TAP program activities focus on the distribution to the target population of materials and messages developed by the TAP peer educators. Following are examples of impact objectives for TAP:

  — TAP members will, during the course of the training sessions, increase their awareness of why adolescence is a high-risk period for exposure to HIV.

  — Fifty percent of the students at Hometown High School will receive HIV prevention and AIDS information in the form of pamphlets, presentations, and buttons from TAP peer educators.

  In this objective, the impact on the target population is made through the diffusion of information provided in the TAP activities.

- The questions posed to the participants, whether through a survey or other method of collecting information, should reflect the program's specific objectives. The two objectives above would require information on the total population at Hometown High School and the total number receiving AIDS information; the participants' responses to what they considered the major message at each presentation; and the TAP members' ability to answer questions about the relationship between high-risk behaviors during adolescence and the transmission of HIV.

Step 2: Collect measurements.

- The methods you choose for collecting information will depend on your experience, your specific program objectives, and your available resources. After reviewing your objectives, you will find that some of the data you need will be very simple; however some impact measures can become complex and will require the help of an evaluator.
- Testing is a common method of impact data collection. Tests range from short quizzes to examinations to broad surveys. Answers to the specific questions can uncover the knowledge, attitudes, behaviors, awareness, or skills of the respondent. Make sure that the questions mirror the information that was presented in the same way that a final examination in school tests all of the topics presented during a specific class. Pre– and post–tests are useful for measuring changes in specific information. (See end of Section VI for sample AIDS pre- and post-test "AIDS Survey.") Some additional methods of gathering impact data include observation, interviewing, and focus groups.
- Data collection for the two sample impact objectives listed previoiusly could include the following: a pre- and post-test of TAP members that asks among other things, why adolescence is a high-risk period for exposure to HIV; and a survey of HIV prevention and AIDS information received by students at Hometown High.
- A sample evaluation instrument that measures HIV/AIDS knowledge and attitudes follows this chapter. If you plan to use an extensive survey you should consult a trained evaluator as soon as you begin planning your evaluation. (See the end of this chapter for sources of professional help.)

Step 3: Analyze the data collected.

- Data analysis can be done in a variety of ways depending on the situation. The type of data collected, the way in which the data will be used, and the depth of information desired will influence the analytic methods you use. There are many sophisticated ways that evaluators use to study data; for in-depth analyses you should contact a trained evaluator. Fortunately, there are some simple analytic methods that provide a lot of information.
- You can *count* the number of presentations, number of materials distributed, number of participants, or number of correct responses received. Counts can be compared to the total number in the target population or to a comparison group. *Summary statistics*, such as means, medians, and percentages detail the characteristics of the target population. The summary statistics are easier to understand than counts when you have large numbers and most people are familiar with them.

- Sometimes you need to examine sub-groups of your target population. Use the same methods that you used with the entire population. For example, you may be interested in whether males and females have the same information about condoms or you may want to know if younger adolescents have the same level of knowledge as older youth. Compare correct answers to survey questions, attendance at TAP activities or "button-wearing" between different age, gender, residence groups, or even between different cliques.

Step 4: Apply the information you have gathered.

- The information gained in an impact evaluation of TAP should be used to see if 1) the TAP training is effective in preparing the TAP members as HIV/AIDS peer educators, and if 2) the TAP activities have an effect on the target population. This information will also assist you in redesigning aspects of TAP to be more effective at both training and reaching youth. This involves reassessing program plans. If you have a goal to reach high–risk youth, but were only able to attract in-school youth to TAP presentations, you should look for alternative sites for presentations or take your message out of the school and onto the street. Your results may lead you to change the logistics of the TAP training or the way you recruit TAP members. The results can also help the TAP members select and refine effective activities.

- It sounds simplistic, but it must be stated: data are only useful when used. The information you collect is important, and can be used in a variety of ways. Evaluation is important to your funders and supporters, because it lets them know the results of their investment and reinforces the importance of peer education for HIV prevention. Evaluation is also important for your community, where the results can attract and increase support for your TAP program. Most importantly, evaluation guides your own program development. The information you gather through the evaluation process enables you both to monitor your program's strengths and weaknesses and to visualize ways to improve or redirect program efforts. Evaluation results can also be developed into articles, reports, publications, and press releases which can increase community awareness about HIV/AIDS and adolescent issues. Evaluation results that never get used however, are a waste of time, money, and effort. That's why it is important to make your evaluation simple, attainable, and useable.

C. Getting Help with Your Evaluation

There are numerous reasons for getting help with your evaluation plans. You may need someone to review your plan for oversights and inconsistencies, you may need help with designing a survey, you may need professional guidance in selecting samples, or you may need help understanding each step in the evaluation process before you can begin planning. Your funding source may ask you to do a more precise evaluation than you feel capable of doing yourself. Rigorous evaluations require money, time, and thoughtful preparation with the expert help of a trained evaluator. Whatever your needs, help is available if you know where to look.

1. Written Materials

There are a variety of books on the subject of evaluation. Start with something simple. Many organizations and individuals have developed step-by-step guides to designing evaluations, several specifically in the field of teen pregnancy prevention. A few of these guides are listed below:

- *Evaluating AIDS Prevention Programs.* Susan Coyle, Robert Boruch, and Charles Turner, eds. National Research Council, Washington, D.C., 1989.
- *Evaluating your Adolescent Pregnancy Program: How to Get Started.* Adolescent Pregnancy Clearinghouse Report. Children's Defense Fund, Washington, DC, September, 1989.
- *Evaluating Your Information and Education Project.* Claire D. Brindis, Dr.P.H. and Patricia B. Reyes, M.P.H. Center for Population and Reproductive Health Policy, Institute for Health Policy Studies, University of California, San Francisco, 1988.
- *Evaluating Programs Aimed at Preventing Teenage Pregnancies.* Josefina J. Card, editor. Data Archive on Adolescent Pregnancy and Pregnancy Prevention, Sociometrics Corporation, Palo Alto, California, 1989.

A vast number of textbooks are also available. Check with your local college or university library, or social sciences, psychology, and public health departments. Organizations that conduct applied research in the social sciences as well as funding institutions often have simple written materials to guide evaluation planning.

2. Technical Assistance

If you do not have a staff person trained in evaluation, you may be able to find the help you need at a local college or university. Contact the social sciences and/or public health departments to find out if an evaluator, either a professor or a graduate student, can help with your project. The kind and amount of help

available will vary but you can increase your chances of help by asking early. Often, graduate students, eager for real work experience, will work for fees much lower than normally charged by professional evaluators. Sometimes you can arrange to let the student use your data for a thesis or dissertation in exchange for the evaluation work.

In addition, there are a number of organizations that may be able to help with different aspects of the evaluation. Check with local youth serving agencies and public health organizations for leads within your community.

Whether working with a graduate student or a seasoned professional, a little preparation will help you communicate your needs clearly and gain the best results. Start the process in the early stages of your program to make sure that there is plenty of time to accommodate your request. At the minimum, the contact should be made three months in advance of when you will actually need the help if you are looking for anything more than cursory assistance.

When you make the contact, be clear about the kind of help you need. If you have a plan in development, perhaps you need someone to critique it and be available for informal consultation three or four times during the evaluation process. If you need help in designing the questionnaire, calculating the sample size, and analyzing data, be specific. The evaluator will want to know how much time your project will need. If you are unclear about the steps—and therefore the time required—have a full discussion of what you want to produce from the evaluation at the initial meeting. If you are vague, and the tasks keep getting added on as you go, volunteers may feel compelled to withdraw from the commitment and paid consultants will need additional funding beyond their initial cost estimates (and probably outside of your budget projections). Finally, help that you receive in this way should be acknowledged often and publicly, as a regular part of reporting to funders, the community, and agencies involved.

The Center for Population Options also offers training and technical assistance to groups implementing the TAP program. The staff at CPO can answer questions about the evaluation process and can help you in developing alternative evaluation plans.

AIDS SURVEY

Version: Teenagers

AIDS is a very serious problem in our nation. We are trying to find the best ways to teach people about AIDS. This survey will help us understand what you know and how you feel about AIDS.

Do **NOT** write your name on this survey. The answers you give will be kept secret and no one will know how you answered this survey.

Write your answers directly on this survey. Do **NOT** put them on another sheet of paper.

Your answers are important. Please answer each question carefully and honestly.

Thank you for your help.

FOR OFFICE USE:

1-6 __ __ - __ __ __ - __

coded by: 1) _____ date: _____

2) _____ date: _____

site: _____

date administered: _____ date received (CPO): _____

data entered: 1) _____ 2) _____

rev. 1/91

In this survey, having sex means making love, doing it, or having sexual intercourse.

PLEASE MAKE A CHECK MARK TO THE LEFT OF YOUR ANSWER		DO NOT WRITE IN THIS COLUMN
1. Are you male or female?	___ male ___ female	8 ___
2. How old are you?	___ years old	9-10 ___ ___
3. What is your race?	___ Asian/Pacific Islander ___ Black/African American ___ Hispanic ___ Native American ___ White (non-Hispanic)	11 ___

PLEASE CIRCLE YOUR ANSWERS

DO NOT WRITE IN THIS COLUMN

4. Can a person get the AIDS virus (HIV) from any of the following?

a.	Going to school with a student who has the AIDS virus (HIV).	YES	NO	13 ___
b.	Kissing someone who has the AIDS virus (HIV).	YES	NO	14 ___
c.	Sharing needles or "works" with someone who has the AIDS virus (HIV).	YES	NO	15 ___
d.	Sharing needles to pierce ears, take steroids or get tattoos with someone who has the AIDS virus (HIV).	YES	NO	16 ___
e.	Having sex without a rubber (condom) with someone who has the AIDS virus (HIV).	YES	NO	17 ___
f.	Being bitten by mosquitos or other insects.	YES	NO	18 ___
g.	Giving blood at a hospital, blood bank or the Red Cross (HIV).	YES	NO	19 ___
h.	Swimming in a pool with a person who has the AIDS virus (HIV).	YES	NO	20 ___

PLEASE CIRCLE YOUR ANSWERS

DO NOT WRITE IN THIS COLUMN

5.	You can protect yourself from getting the AIDS virus (HIV).	TRUE	FALSE	21 ___
6.	You can tell if a person has the AIDS virus (HIV) by looking at them.	TRUE	FALSE	22 ___
7.	Any person who has the AIDS virus (HIV) can give it to someone else while having sex without using a rubber (condom).	TRUE	FALSE	23 ___
8.	The virus (HIV) can be given to others by someone who has the AIDS virus (HIV) but doesn't know it.	TRUE	FALSE	24 ___
9.	There is a cure for AIDS.	TRUE	FALSE	25 ___
10.	Having the AIDS virus (HIV) is the same thing as having AIDS.	TRUE	FALSE	26 ___
11.	Not having sex can protect you from getting the AIDS virus (HIV).	TRUE	FALSE	27 ___
12.	Many people who have the AIDS virus (HIV) are not sick with AIDS.	TRUE	FALSE	28 ___

PLEASE CIRCLE THE NUMBER THAT BEST SHOWS HOW STRONGLY YOU AGREE OR DISAGREE WITH THE FOLLOWING STATEMENTS

NOTES:

DO NOT WRITE IN THIS COLUMN

SA = STRONGLY AGREE
A = AGREE
N = NEUTRAL
D = DISAGREE
SD = STRONGLY DISAGREE

		SA	A	N	D	SD	
13.	I would be willing to be in a class with a student who has the AIDS virus (HIV).	1	2	3	4	5	29 ___
14.	I would stop being friends with someone because he or she has AIDS.	1	2	3	4	5	30 ___
15.	I think people with AIDS deserve to get AIDS.	1	2	3	4	5	31 ___
16.	I am afraid that someday I could get the AIDS virus (HIV).	1	2	3	4	5	32 ___
17.	I think I can protect myself from getting the AIDS virus (HIV).	1	2	3	4	5	33 ___

PLEASE WRITE IN YOUR ANSWERS

DO NOT WRITE IN THIS COLUMN

18. List three ways to protect yourself from becoming infected with the AIDS virus (HIV).

1. _____ 35-36 ___ ___

2. _____ 37-38 ___ ___

3. _____ 39-40 ___ ___

19. List three ways that the AIDS virus (HIV) is passed from one person to another.

1. _____ 41-42 ___ ___

2. _____ 43-44 ___ ___

3. _____ 45-46 ___ ___

THANK YOU FOR COMPLETING THIS SURVEY

VII. TAKING YOUR MESSAGE TO THE MEDIA

One of the most effective ways to multiply the impact of your program is to generate news coverage. Through the news media, you can carry your message to many thousands more people than you could reach otherwise. You can alert the public to the importance of the issue you are addressing and you can garner support for both the program and your organization. Having your program appear in the news acts as an endorsement of your work from the general public as well as the school, agency officials, staff, and participants. It can also diffuse criticism by demonstrating that you will talk openly about all aspects of a program.

Many organizations shy away from the media, however, fearing the experience will be either negative or too time consuming. These fears are rarely realized. First, while advising the media on how to frame a story is no guarantee that your viewpoint will prevail completely; the story is generally better because of your input. Secondly, if you weigh the time spent briefing a reporter against the size of the potential audience the message will reach, the exercise ends up being a very efficient use of time.

When youth are a part of your program, there is a natural tendency to be protective of them and therefore, to be even more wary about inviting the media into events and meetings. While you may want to be more selective to avoid media presence dominating an event, this kind of exposure—carefully planned and prepared for—can be an important way of expanding the audience your program can reach. Moreover, young voices are especially important to hear on these issues.

A. When Should You Talk to the Media?

1. When They Call

Many organizations find that most of their conversations with the media begin when their phone rings. On the other end is a reporter or research assistant who is looking for information or a comment about an issue for a story that is already underway. Calls from the press should be routed to one person designated as the press officer for screening and following-up to establish a systematic pattern and regular contact person for the reporter.

The press officer clarifies the story the reporter is working on and ascertains what he or she needs to know and by when. The reporter is then told who will call back or who the call will be transfered to. For programs with a larger staff, it is preferable for the program director to speak for attribution, and for other senior staff to field longer questions about background information, statistics, and so on. This helps to keep time pressure on the director to a manageable level. In the case of the biggest newspaper in town or a major television or radio program, however, the director may be the best person to handle all inquiries. If there is any question about who should speak in a given situation, check and call back.

Timing is everything. When a reporter calls, it is important to respond quickly. If a story is in the works, that creates a window of opportunity that will close if the story cannot be completed on time. The reporter who calls you will keep making calls until the information and interviews needed for the story are assembled. Organizations that make a point of responding thoroughly and quickly will be rewarded by being asked to do so again. Even if a reporter calls you several days before a deadline, responding quickly will increase your chances of being quoted or cited in the final story.

2. When You Call

The other possibility for starting a conversation is, of course, when you initiate the contact. This can occur because you have news to convey. How do you know when you have news? Generally, the criteria for defining news are: it's new, it affects a large number of people, it involves action of some kind, it involves "important" people, it generates "human interest" or it contains an element of conflict or controversy. If the medium is TV, it must also have a visual side which can be shown on camera. While not all news items meet all these criteria, the more criteria your item can satisfy, the more likely that an assignment editor will agree that it's news. At the outset, a TAP program meets many of these criteria. It's new, it affects many important people (in this case, young people), it has the human interest value of ordinary people helping other ordinary people, and it involves conflict (i.e., problem) resolution. Add the action of a special program or event, and you are almost sure to attract some local news people's interest.

It is worth noting that a criterion for news is *not* always that the program or issue is important. Paradoxically, while we assign "importance" to issues that make the news, being important isn't enough to make an item pass muster with a news editor in the absence of other criteria. Many issues that have occupied leading news slots can fall out of sight once there is nothing more new to say about them.

If you can identify at least two news criteria your item clearly satisfies, it's worth a try. If your new program is being officially launched and the governor or mayor is coming to the opening ceremony, that may qualify. If the government has released new national figures on the issue you are addressing and you are holding a briefing for the community on the local picture, that's likely to be seen as news. If you've challenged your chief critic to a public debate, that's very likely to garner coverage. Because young people are automatically viewed as important, their involvement in the program enhances its news value.

Preparing young people for interviews

Young people, by and large, are more attuned to the media than adults are and will respond eagerly to the idea of being "on the news." It is important to prepare them for interviews well in advance. If young people are participating in a news event, it is important that they be fully briefed and prepared for dealing with the media, but not in a "scripted" fashion. Review with them the "Know your rights" section (at the end of this chapter), as a starting point. Watch and read some news interviews together and discuss them. How much time did the interviewee actually have to make a point? How well was the point made? What would you have said if you were being interviewed? The discussion should encourage them to analyze the process so that when it comes time for them to prepare for interviews, they can plan their comments more knowledgeably. You might role-play some interviews or hold a mock news conference to get them accustomed to answering questions on the spot. Identify the tough questions and discuss how to answer them. Talk through ways to take the fear out of being on camera if you're preparing for TV.

In addition, it is important that parents know and understand the process. For young people under 18, parental permission must be obtained; for all young people, parents must be made aware if their child may be showing up on the local news. Permission is also necessary in the case of news photos or those you take for your own newsletters or publications. Securing these permissions can be a routine part of the program (see sample form, page 129). Because the language of the form is somewhat legalistic, it should be accompanied by a memo or note that spells out in plain language what the form is for and what uses are anticipated for the interviews or photos.

3. When You Have Something To Add

Suppose that a story appears in the news which you were not called about but it is relevant to your program and expertise. Is it too late? Not necessarily. Reporters generally gather more information than appears in one story. Particularly if your information was not included in the original story, you may be able to make a plausible case for a follow-up story. If the initial story is about an AIDS prevention program in a different school, tell what your group is doing in your school. If it's about peer education for drug abuse prevention, talk about your peer program. If the topic is HIV prevention among college students, talk about similar efforts with high school or junior high school students. Even if a follow-up is not possible immediately, chances are the reporter will be assigned to future stories on the issue, so it's well worth alerting him or her to your program for future reference, and inviting him or her to come to a meeting or event.

4. When You Take Exception

If a story on your issue does not fairly represent the facts, you should contact, in this order, the reporter, his or her editor, and the editorial page editors. You will need to exercise judgment and restraint in this process. Avoid criticizing either the reporter's abilities or good faith, while making it clear that your purpose is to set the record straight. Even if you feel you have been misquoted, it is important not to cut off relations with the reporter, except as the very last resort, since that reporter will most likely be assigned to similar stories in the future.

5. When You Have Something To Say

Generally, talk must be accompanied by action if you want your program to be seen as news. But news that is breaking from other sources can be an exception. When a news story is breaking on your issue, you can sometimes get your views into that story directly if you act immediately. A two or three sentence response delivered to the assignment desk by phone, messenger, or fax will sometimes be included in coverage of a major print story. For TV and radio, it is a signal that you are available for an interview on the subject. For example, if the state passes a bill mandating HIV prevention programs in all middle schools, you can issue a brief statement reflecting your perspective on how important such programs are and what components they should contain.

Consent to Use Photograph

I, _____, do hereby give the

_____ (organization), (photographer:_____)

and parties designated by the organization and photographer, including clients, licensees, purchasers, agencies, and periodicals, the irrevocable right to use my name (and any fictional name) and photograph for sale to and reproduction in any medium for purposes of advertising, trade, display, exhibition, or editorial use. I have read this release and fully understand its content.

I affirm that I am more than 18 years of age.

Signature: _____

Name (Please Print): _____

Date: _____

Witness: _____

I am the parent or legal guardian of the above named minor and hereby approve the foregoing and consent to the photograph's use subject to the terms mentioned above.

I affirm that I have the legal right to issue such consent.

Parent or guardian's signature: _____

Address: _____

Phone: _____

Witness: _____

Date: _____

B. How Do You Talk to the Media?

There are some standard methods for approaching the media with news. The most common are the news release and the news advisory.

1. **News Releases**

   The news release can be distributed alone or with additional back-up materials, or can be passed out at a news conference or briefing. However it is distributed, it should follow these rules:

   a. Keep it to one or two pages.

   b. Cover the essential facts: who, what, when, where, why, and how. The reporter should be able to use the release as an easy guide to the news you are presenting.

   c. Use quotes from one or two spokespersons to frame the facts as you think they should be interpreted.

   d. Date the release clearly. News people don't want to be "scooped" by their competitors. A release date establishes rules for everyone to play by. Don't break your own rules and give one reporter the O.K. to go ahead earlier unless you're willing to risk alienating everyone else.

   e. Give plenty of notice. Your release will most likely arrive when a reporter is in the middle of some other story. Unless it's potential page one news you're releasing, your story will either get ignored or cause a major headache for the reporter unless you give enough advance notice. If you aren't ready with all the details far enough ahead of time, issue an advisory to at least alert the reporter that a news story will be coming in a few days.

   f. Always include at least one contact name and number of someone who will be available to either comment or locate others for comment in the period before the release date. If the release date is on a weekend or a Monday, this means giving out someone's home and office number or making arrangements to regularly retrieve and follow up on messages left on an answering machine.

2. **News Advisory**

   If it's an event or a news briefing you are announcing, use an advisory. An advisory can also be used to announce that you are delivering a speech or testifying in a hearing or other public forum. This is a simple one page document that invites coverage of your event. The format should be simple and direct, but should give a clear sense of what will happen that is of news interest. Tell what is happening, when, where, and who is participating.

3. News Briefing

A news conference or news briefing can be a very efficient way to communicate information to the press. It is especially useful for TV news, because it offers something to film. Briefings should be used sparingly, however, and should be reserved for announcements that cannot be communicated well in a press release. Reporters can work more easily when they have access to their files, phone, fax, and computers, and will not cheerfully give up all that convenience to shuttle around town and scribble notes on a notepad unless your event is clearly worth the trouble. When possible, schedule the briefing in a location convenient to them (a city press club or downtown location). A briefing on the overall issues your program is addressing with experts from other parts of the community might be appropriate. An announcement of major new funding, program expansion, or a new program component might also be best done in a briefing. Release of a new report or new statistics are other possibilities.

4. Letters

Letters to reporters, editors, talk show producers, and editorial boards suggesting interviews or topics for their consideration are another good way to raise your issues. Letters acknowledging good coverage of an issue are also a very good idea, when warranted.

5. Letters to the Editor

Brief, responsible commentary on issues in the news are welcomed—and printed —by newspapers. Make it clear and keep it brief and timely, and you will find the letters column a good way to raise your issues and promote awareness of your program.

6. Guest Editorials

Most newspapers now accept brief essays on topics in the news or of public concern for their op-ed pages. Usually such an article will not be accepted sight unseen, so you may have to do it "on spec," in the hopes that it will be published. To minimize the disappointment over for articles that aren't published, it's best to have a back-up plan for an article (such as a newsletter article, or the basis for a speech or testimony you plan to do anyway). Opinion articles should be approximately 500-650 words (or about three double-spaced pages), should aim to make one major point about an issue, and should not be constructed as a promotion for the program or organization. If it is printed, the organization's name will appear in the blurb that identifies the author.

C. What Do You Say?

When you speak to the media, be clear and direct. Know what points you want to make, and make them without rambling. If you don't know an answer, say you don't know. If a question is beside the point, say so, and explain why. The reporter has a right to ask you anything and to expect that you will answer to the best of your knowledge. You have the right not to be drawn into issues that you feel are inappropriate for you to comment on, but if you make comments on these areas, your remarks are fair game. Saying something is "off the record" is not a guarantee that you won't find the remark in print, and not necessarily even a guarantee that your name won't be attached to it.

If you are not a spokesperson for the organization but are providing only background information, make that clear, and let the reporter know who to talk to for attribution. If there is a subject you don't want to be quoted on, the safest rule is not to talk about it. Don't let yourself be drawn into criticism of colleagues or other organizations. Reserve your criticism for your real adversaries or for motivating public officials.

Know your rights.

The reporter has the right to ask you questions. You also have rights in an interview situation. Some of these are:

- **You have the right to answer a question in your own way, in your own words.**
- **You have the right to look it up.** Don't feel that you need to be a walking encyclopedia of facts and figures. Say, "I'll get back to you on that number,"—and do it.
- **You have the right to be quoted fairly.** At the conclusion of an interview, particularly a lengthy one, you can ask the reporter to let you know how you will be quoted. You do not have the right to censor a statement, but you can ask to clarify a statement that you feel is inaccurate or misleading. You may be turned down, but there's no penalty for asking.
- **You have the right to have your schedule respected.** If a reporter is taking more time than you feel comfortable giving, you can politely end the discussion. Let him or her know that you have a limited amount of time, that you have a meeting or other obligation, and suggest other sources of information or materials.
- **You have the right to be quoted in context.** Almost everyone says something sometime that sounds completely different from what he or she really means when it is isolated from the context in which it was uttered. While it is important to be careful about what you say, the reporter has an obligation not to distort your intentions by selective, unrepresentative quotations.

- **You have the right not to talk to a reporter or to refuse an interview, within reason.** If past experience with a particular media person or outlet has been negative, you may not want to risk more unpleasantness. If you have issued a news release or invited press coverage of an event, you have some obligation to respond to press inquiries on the subject. You do not have to subject yourself and your program to misquotation, distortion, or sensationalism, just because you've issued a press release. When you do refuse an interview, be clear about the reasons. If the problem is a particular reporter, you can try to establish contact with another reporter whom you feel more comfortable with but, in the end, the choice is up to an assignment editor.

The crucial factor in understanding and evaluating your experience with the press is setting realistic expectations. A news story, at best, will present your side of the story fairly and evenhandedly. It will also present other viewpoints. It will not read like your press release. It will incorporate your main point or points but not all of them. It will quote your spokespersons accurately. It will give you an opportunity to educate the larger community about the challenges you are confronting in your program, and will lay the foundation for greater community awareness and support.

D. Who Do You Talk To?

To be most effective in dealing with the press, you have to know who to call when you have something to say. At newspapers, identify the assignment editor or simply call the assignment desk. If it's a rotating position; get to know who covers your beat: the reporter whose byline appears on stories and the editor to whom that reporter is responsible; the columnists who cover issues similar to yours; and the editorial page editor or editorial writer who covers your beat. Watch the news pages for chances to respond with a letter to the editor.

With TV, you may find that some correspondents have a good deal of leeway as to what stories are covered, or that all such decisions rest with the news assignment desk. Find out what the system is and keep the appropriate people informed. TV public service directors and editorial directors are also good contacts, particularly for public affairs programs where your spokesperson could be a guest.

Radio is, in many ways, the easiest medium to access. An interview can be conducted from any location with a telephone. Identify news directors and talk show producers to whom you can pitch your interview ideas. Radio talk shows, even the ones at odd hours of the day and night, often have loyal listeners that you cannot reach as effectively through any other medium. Radio is a particularly good medium for reaching a younger audience that tends to be more mobile and often has one with them. That factor also makes it a good medium for interviews for your young people because it is so familiar and comfortable for them.

VIII. Leader's Bibliography Of Resources On AIDS

ON AIDS: GENERAL

SIECUS, *Acquired Immune Deficiency Syndrome: An Annotated Bibliography of Print and Audiovisual Materials for Sale,* New York: SIECUS, 1986.

IBS Press and AIDS Project Los Angeles, *AIDS: A Self-Care Manual.* Santa Monica: IBS Press and AIDS Project Los Angeles, 1987.

American Medical Association, *AIDS: From the Beginning.* Chicago: American Medical Association, 1986.

Public Health Service, "Coolfont Report," *Public Health Reports*, 101:4, 1986.

National Academy of Sciences, *Mobilizing Against AIDS*, Cambridge: Harvard University Press, 1986.

U.S. Public Health Service, *Surgeon General's Report on Acquired Immune Deficiency Syndrome,* Washington: U.S. Public Health Service, 1986.

ON AIDS AND ADOLESCENTS

DiClemente, R., Zorn, J., and Temoshok, L. "Adolescents and AIDS: A Survey of Knowledge, Attitudes, and Beliefs about AIDS in San Francisco," *American Journal of Public Health*, 76:12, 1986.

English, A., "Ethical/Legal Aspects of AIDS and STDs in Adolescents," *Youth Law News*, 8:5, 1987.

Strunin, L., and Hingson, R., "Acquired Immunodeficiency Syndrome and Adolescents: Knowledge, Beliefs, Attitudes, and Behavior," *Pediatrics*, 79:5, 1987.

ON EDUCATING ADOLESCENTS ABOUT AIDS

Center for Population Options, *AIDS and Adolescents: Resources for Educators.* Washington: Center for Population Options, 1987, 1988, 1989.

San Francisco AIDS Foundation, *AIDS Educator: A Catalog of AIDS Educational Materials.* San Francisco: San Francisco AIDS Foundation, 1987.

U.S. Conference of Mayors, *AIDS Information Exchange,* Washington: U.S. Conference of Mayors, January 1987.

Haffner, D., *AIDS and Adolescents: The Time For Prevention Is Now.* Washington: Center For Population Options, 1987.

Quackenbush, M., "Educating Youth About AIDS," *Focus: A Review of AIDS Research,* San Francisco: UCSF AIDS Health Project monthly newsletter, 2:3, 1987.

Quackenbush, M., and Sargent P., *Teaching AIDS: A Resource Guide on Acquired Immune Deficiency Syndrome,* Santa Cruz: Network Publications, 1986.

SIECUS, *Sexuality Education Coalition News,* 9:1, Washington: SIECUS, 1987.

Sroka, S., and Calabrese, L., *Educator's Guide to AIDS and Other STDs,* Lakewood: Health Education Consultants, 1987.

Yarber, W., *AIDS: What Young Adults Should Know.* Reston: American Alliance for Health, Physical Education, Recreation, and Dance, 1987.

ADDITIONAL SOURCES OF INFORMATION

AIDS Hotline
(800) 342-AIDS
(800) 342-2437

AIDS Action Council
2033 M Street, NW
Washington, DC 20036
(202) 293-2886

American Foundation for AIDS Research
1515 Broadway Ave.
New York, NY 10036
(212) 719-0033

American Red Cross
National Headquarters
431 18th St., NW
Washington, DC 20006
(202) 737-8300

Center For Population Options
1025 Vermont Avenue, NW, Suite 210
Washington, DC 20005
(202) 347-5700

ETR Associates
1700 Mission St.
Suite 203
P.O. Box 1830
Santa Cruz, CA 95061
(408) 438-4060

The Hetrick-Martin Institute, Inc. for
Lesbian and Gay Youth
401 West Street
New York, NY 10014
(212) 633-8920

Planned Parenthood Federation of
America
810 7th Avenue
New York, NY 10019
(212) 541-7800

National Association of State
Boards of Education
1012 Cameron Street
Alexandria, VA 22314

National Coalition of Advocates for
Students
100 Boylston St.
Boston, MA 02116
(617) 357-8507

National Family Planning and
Reproductive Health Association
122 C St., N.W.
Suite 380
Washington, DC 20001-2109
(202) 563-7742

National Leadership Coalition on AIDS
1150 17th St., N.W.
Suite 202
Washington, DC 20036
(202) 429-0930

National School Boards Association
1680 Duke St.
Alexandria, VA 22314
(703) 838-6754

National Urban League
500 East 62 St.
New York, NY 10021
(212) 310-9000

Sex Information and Education Council of
the U.S.
32 Washington Place
5th Floor
New York, NY 10003
(212) 673-3850

United States Conference of Mayors
1620 Eye St., N.W.
Washington, DC 20006
(202) 293-7330